

**Proxy Form\***

To the attention of  
**Saipem S.p.A.**  
Via Martiri di Cefalonia, 67  
20097 San Donato Milanese (MI)

The undersigned  
Surname ..... Name .....  
Born in ..... date of birth.....  
Resident in .....  
Taxpayer Identity Code.....  
\*\*Identity Papers (type) ..... \*\*N°.....  
\*\* Issued by ..... \*\*Term.....

As:  
 single shareholder  
  
 legal representative of (Company business name) .....  
Registered Office's address.....  
Taxpayer Identity Code.....  
Main elements of the deed or of the resolution conferring powers to the legal representative.....  
  
\*\* Communication provided by the intermediary N° ..... (Communication)  
\*\* Date of the request of the Communication .....  
\*\* Identification codes, if present .....

**HEREBY APPOINTS**

Surname and name/ Company Business Name .....  
Born in ..... date of birth.....,  
Resident in/Registered Office's address.....  
Taxpayer Identity Code.....

**TO ATTEND AND VOTE ON MY BEHALF AT THE ORDINARY SHAREHOLDERS' MEETING OF SAIPEM S.p.A. ON MAY 6, 2014 ON SINGLE CALL, AS PER INSTRUCTIONS PROVIDED BY THE UNDERSIGNED WITH REFERENCE TO A N° ..... SAIPEM S.p.A. ORDINARY SHARES.**

\*\*REGISTERED ON STOCK ACCOUNT N° .....  
\*\*AT..... (depository intermediary)  
\*\*ABI ..... \*\*CAB .....

The Proxy holder may be substituted by:  
1. Surname and name/ Company Business Name .....  
Born in ..... date of birth.....,  
Resident in/Registered Office's address.....  
Taxpayer Identity Code.....  
2. Surname and name/ Company Business Name .....  
Born in ..... date of birth.....,  
Resident in/Registered Office's address.....  
Taxpayer Identity Code.....

The undersigned (Full name of the signatory only if different from the owner of the shares)  
.....  
Signs the proxy as (tick one box)  
 pledgee       stock borrower       usufructuary       custodian       managing agent  
 legal representative  
  
Date ..... Signature .....

\*NB: This proxy form is valid only if the Company receives the statement sent by the intermediary upon request of the person entitled to the right.  
\*\* Data may be filled in.

**It is the Proxy holder's liability to attest the identity of the delegating party and, in case, the compliance of the proxy form copy to the original, pursuant to art. 135-novies of Italian legislative Decree no. 58 of February 24, 1998.**

Date ..... Signature of the Proxy holder .....