

**Proxy Form\***

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

I, the undersigned  
Surname ..... Name .....  
Born in ..... date of birth.....  
Resident in .....  
Taxpayer Identity Code.....  
\*\* Identity Document (type) ..... \*\*No. ....  
\*\* Issued by ..... \*\*Expiry.....

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 SPECIAL SHAREHOLDERS' MEETING OF SAVING SHARES OF SAIPEM S.p.A. ON APRIL 30, 2019 ON SINGLE CALL, AS PER INSTRUCTIONS PROVIDED BY THE UNDERSIGNED WITH REFERENCE TO A N° ..... SAIPEM S.p.A. SAVINGS SHARES.**

\*\*REGISTERED ON STOCK ACCOUNT No. ....  
\*\*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.....

I, 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

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\* 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

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