

If communication regarding this claim is to be with a person other than claimant, please provide the name, address, telephone number and email address for that individual.

THE PERSON COMPLETING THIS FORM IS NOT THE BENEFICIAL OWNER.

YOUR NAME		YOUR RELATIONSHIP TO THE BENEFICIAL OWNER	
<input type="text"/>		<input type="text"/>	
COMPANY NAME, if applicable		TITLE AT COMPANY, if applicable	
<input type="text"/>		<input type="text"/>	
YOUR MAILING ADDRESS		APT or SUITE NO.	
<input type="text"/>		<input type="text"/>	
BUILDING NAME (IF APPLICABLE)		LOCALITY NAME (IF APPLICABLE)	
<input type="text"/>		<input type="text"/>	
CITY	STATE or PROVINCE	POSTAL or ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
COUNTRY	LANGUAGE PREFERENCE		
<input type="text"/>	<input type="text"/>		
EMAIL ADDRESS			
<input type="text"/>			
TELEPHONE NUMBER			
<input type="text"/>			

THE PERSON COMPLETING THIS FORM IS A NOMINEE FILING ON BEHALF OF A SHAREHOLDER.

By completing this form, the Nominee certifies that it held in its account the securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates, in the amount and on the dates detailed in Parts II and III on behalf of the shareholder. You must also complete the above section.

SHAREHOLDER'S ACCOUNT NAME	NOMINEE'S ACCOUNT NUMBER FOR THIS ACCOUNT
<input type="text"/>	<input type="text"/>
CLEARING NOMINEE NAME, if applicable	DEPOSITORY NAME & PARTICIPANT NUMBER
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	
<input type="text"/>	

PART II: SCHEDULE OF TRANSACTIONS

List each eligible transaction in securities of Parmalat S.p.A and/or its subsidiaries and affiliates. Copy this page or attach separate sheets if more space is needed; include your name and mailing address on any additional sheets. **The date of purchase or sale is the "trade" or "contract" date – not the "settlement" or "payment" date. All prices reported should NOT include broker fees or commissions.**

A. Number of eligible Common Stock Shares held as of close of trading on January 5, 1999: _____

B. PURCHASES of eligible Common Stock Shares from January 5, 1999 through December 18, 2003, inclusive:

CUSIP/CINS FOR ELIGIBLE SHARES	ISIN NUMBER	TRANSACTION DATE DD / MM / YY	NUMBER OF SHARES	PRICE PER SHARE note currency: \$, €, £, ¥, etc.

C. SALES of eligible Common Stock Shares from January 5, 1999 through December 18, 2003, inclusive:

CUSIP/CINS FOR ELIGIBLE SHARES	ISIN NUMBER	TRANSACTION DATE DD / MM / YY	NUMBER OF SHARES	PRICE PER SHARE note currency: \$, €, £, ¥, etc.

D. Number of eligible Common Stock Shares held as of close of trading on December 18, 2003: _____

E. Number of eligible Fixed Interest Securities held as of close of trading on January 5, 1999: _____

F. PURCHASES of eligible Fixed Interest Securities from January 5, 1999 through December 18, 2003, inclusive:

CUSIP/CINS FOR ELIGIBLE SHARES	ISIN NUMBER	TRANSACTION DATE DD / MM / YY	NUMBER OF SHARES	PRICE PER SHARE note currency: \$, €, £, ¥, etc.

G. SALES of eligible Fixed Interest Securities from January 5, 1999 through December 18, 2003, inclusive:

CUSIP/CINS FOR ELIGIBLE SHARES	ISIN NUMBER	TRANSACTION DATE DD / MM / YY	NUMBER OF SHARES	PRICE PER SHARE note currency: \$, €, £, ¥, etc.

H. Number of eligible Fixed Interest Securities held as of close of trading on December 18, 2003: _____

PART III: SUBSTITUTE W-9

SUBSTITUTE W-9 - ALL US RESIDENTS MUST COMPLETE THIS SECTION.

On the appropriate line, enter the Social Security Number or Employer Identification Number of the claimant whose name will appear on any check and related Form-1099. For individuals, this is your Social Security Number (SSN). For businesses, groups or organizations, this is your Employer Identification Number (EIN).

_____-_____-_____
Social Security Number (SSN)

OR

_____-_____-_____
Employer Identification Number (EIN)

By signing this Claim Form, I certify that:

1. The number shown on this form above is the correct Social Security Number or Employer Identification Number for this claimant;
2. The claimant is not subject to backup withholding because the claimant: (a) is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that the claimant is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the claimant that the claimant is no longer subject to backup withholding; and
3. The claimant is a US person.

NOTE: Backup withholding is extra tax withholding that occurs when a taxpayer has underreported interest or dividends in a previous year. The IRS notifies taxpayers who are subject to backup withholding. If you (the claimant) have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must cross out item 2 above by placing a line through the section.

PART IV. RELEASE & WAIVER

- A. Nothing in this release shall bar any action or claim to enforce the terms of this settlement agreement or the binding declaration.
- B. I/we hereby warrant and represent that I/we have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any part or portion thereof.
- C. I/we hereby warrant and represent that I/we have included information about all of my (our) transactions in Parmalat S.p.A. and its subsidiaries and affiliates that occurred during the relevant period from January 5, 1999 through December 18, 2003, inclusive.
- D. If I am signing on behalf of someone else, I hereby certify and warrant that I am authorized to make this Proof of Claim, Release & waiver.
- E. I/we understand and intend that the signature(s) below serve as the signature on this Release & Waiver.

Certification: Under the penalty of perjury, I/we certify that all of the information provided on this form is true, correct and complete to the best of my/our knowledge.

YOU MUST READ THE STATEMENT BELOW AND CHECK THE BOX IN ORDER TO BE ELIGIBLE TO RECEIVE A PAYMENT.

By marking this box, the Claimant(s) hereby acknowledge(s) that he/she/they/it have affirmatively undertaken not to seek to obtain any damages in any foreign proceedings against the Settling Defendants and Released Parties and/or any of their affiliates or subsidiaries that arise out of, relate to, or are based upon, the same allegations, transactions, facts or occurrences in this Action. Failure to mark this box will result in the rejection of your Claim Form.

The Internal Revenue Service does not require your consent to any provision other than the certifications required to avoid backup withholding.

SIGNATURE OF BENEFICIAL OWNER

DATE OF SIGNATURE

SIGNATURE OF JOINT OWNER, if applicable

DATE OF SIGNATURE

SIGNATURE OF PERSON COMPLETING THE FORM, if not the owner

DATE OF SIGNATURE