

PARMALAT SECURITIES LITIGATION  
CLAIMS ADMINISTRATOR  
PO BOX 4068  
PORTLAND, OR 97208-4068  
USA

PROOF OF CLAIM FORM MUST BE POSTMARKED  
NO LATER THAN JANUARY 12, 2009

**PARMALAT SECURITIES LITIGATION**  
**PROOF OF CLAIM FORM INSTRUCTIONS**

If you purchased securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates between and including January 5, 1999 and December 18, 2003, YOU ARE A PARTICIPATING SHAREHOLDER AND MAY BE ENTITLED TO SHARE IN THE PROCEEDS OF A SETTLEMENT.

If you are a participating shareholder, in order to be eligible for any settlement relief, you must complete and sign this Proof of Claim Form, Release & Waiver and mail it postmarked no later than **January 12, 2009** to:

**PARMALAT SECURITIES LITIGATION CLAIMS ADMINISTRATOR, PO BOX 4068, PORTLAND, OR, 97208-4068, USA**

**Your failure to submit your claim by January 12, 2009 will subject your claim to rejection and preclude you from receiving any money in connection with the settlement.** Do not mail or deliver your claim to the court or to any of the parties or their counsel as any such claim will be deemed not to have been submitted. Submit your claim only to the Parmalat Securities Litigation Claims Administrator.

**INSTRUCTIONS**

**PLEASE READ CAREFULLY PRIOR TO COMPLETING THE PROOF OF CLAIM FORM, RELEASE & WAIVER**

1. If you purchased securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates, and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.
2. Use part I of the Proof of Claim form entitled "claimant information and contact information for filing representative" to identify each purchaser of record ("nominee") if different from the beneficial purchaser

of securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates that forms the basis of this claim. This claim must be filed by the actual beneficial purchaser or purchasers, or the legal representative of such purchaser or purchasers, of securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates upon which this claim is based.

3. All joint purchasers must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of persons represented by them; documentation establishing their authority must accompany this claim; and their titles or capacities must be stated. The taxpayer identification number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.
4. Use Part II of the Proof of Claim form entitled "Schedule of Transactions" to supply all required details of your transaction(s) in securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.
5. Note: separate proofs of claim should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners, an individual should not combine his or her retirement plan transactions with transactions made solely in the individual's name). Conversely, a single proof of claim should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (e.g. a corporation with multiple brokerage accounts should include all transactions made in securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates during the relevant period on one proof of claim, no matter how many accounts the transactions were made in).
6. On the schedule of transactions, provide all of the requested information with respect to all of your purchases and all of your sales of securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates that occurred during the relevant period from January 5, 1999 through December 18, 2003 inclusive. Failure to report all such transactions may result in the rejection of your claim.
7. List each transaction in the relevant period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.
8. The date of covering a "short sale" is deemed to be the date of purchase of securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates. The date of a "short sale" is deemed to be the date of sale of securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates.
9. Attach photocopies of stock broker confirmation slips, broker account statements, or other documentation adequately evidencing each of your transactions in securities of Parmalat Finanziaria S.p.A. and/or its subsidiaries and affiliates. Your own records, certificates, or letters from the broker do not constitute acceptable documentation. Failure to provide full documentation for all requested transactions may invalidate your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.
10. **Important: if you do not have stock broker confirmation slips or broker account statements and your shares are held in the name of a nominee, please have the nominee fill out Part II.**

# PARMALAT SECURITIES LITIGATION PROOF OF CLAIM FORM

Please read the instructions in full before completing this form.

To be eligible for any settlement relief, you must complete and sign this Proof of Claim Form and mail it so that it is posted no later than **January 12, 2009** to:

PARMALAT SECURITIES LITIGATION  
CLAIMS ADMINISTRATOR  
PO BOX 4068  
PORTLAND, OR 97208-4068  
USA

FOR ADMINISTRATOR USE ONLY

## PART I. CLAIMANT INFORMATION and CONTACT INFORMATION FOR FILING REPRESENTATIVE

### BENEFICIAL OWNER INFORMATION

NAME OF BENEFICIAL OWNER

NAME OF JOINT OWNER

MAILING ADDRESS OF OWNER

APT or SUITE NO.

BUILDING NAME (IF APPLICABLE)

LOCALITY NAME (IF APPLICABLE)

CITY

STATE or PROVINCE

POSTAL or ZIP CODE

COUNTRY

EMAIL ADDRESS

TELEPHONE NUMBER (INC. COUNTRY CODE)

ACCOUNT TYPE  
(CHECK ONE)

- INDIVIDUAL     JOINT OWNERS     ESTATE     TRUST     CORPORATION  
 PARTNERSHIP     OTHER \_\_\_\_\_     RETIREMENT PLAN \_\_\_\_\_

Describe

Type of Plan

If the person completing this form is not the claimant, you must provide documentation showing that the party completing this form and filing the claim has the authority to sign on behalf of the claimant. If the claimant is deceased, acceptable documentation is a death certificate together with the portion of the will or court order/letters testamentary naming the party listed on the following page as personal representative, administrator, executor, or executrix. If the claimant is not deceased, acceptable documentation is a power of attorney, current corporate resolution, a contract with your client, or a partnership agreement.

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**

**COMPANY NAME, if applicable**

**TITLE AT COMPANY, if applicable**

**YOUR MAILING ADDRESS**

**APT or SUITE NO.**

**BUILDING NAME (IF APPLICABLE)**

**LOCALITY NAME (IF APPLICABLE)**

**CITY**

**STATE or PROVINCE**

**POSTAL or ZIP CODE**

**COUNTRY**

**LANGUAGE PREFERENCE**

**EMAIL ADDRESS**

**TELEPHONE NUMBER (INC. COUNTRY CODE)**

**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**

**CLEARING NOMINEE NAME, if applicable**

**DEPOSITORY NAME & PARTICIPANT NUMBER**

**TELEPHONE NUMBER (INC. COUNTRY CODE)**



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**