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

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 Describe ☐ RETIREMENT PLAN 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.

PROOF OF CLAIM FORM – Page 1 of 4
To file a claim electronically, visit www.parmalatsettlement.com
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.

<table>
<thead>
<tr>
<th>YOUR NAME</th>
<th>YOUR RELATIONSHIP TO THE BENEFICIAL OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPANY NAME, if applicable</td>
<td>TITLE AT COMPANY, if applicable</td>
</tr>
</tbody>
</table>

YOUR MAILING ADDRESS

<table>
<thead>
<tr>
<th>BUILDING NAME (IF APPLICABLE)</th>
<th>LOCALITY NAME (IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE or PROVINCE</td>
</tr>
<tr>
<td>COUNTRY</td>
<td>LANGUAGE PREFERENCE</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>SHAREHOLDER’S ACCOUNT NAME</th>
<th>NOMINEE’S ACCOUNT NUMBER FOR THIS ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEARING NOMINEE NAME, if applicable</td>
<td>DEPOSITORY NAME &amp; PARTICIPANT NUMBER</td>
</tr>
</tbody>
</table>

TELEPHONE NUMBER (INC. COUNTRY CODE)

To file a claim electronically, visit www.parmalatsettlement.com
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).

____________________ - __________ OR ______________ - ______________
Social Security Number (SSN) Employer Identification Number (EIN)

PROOF OF CLAIM FORM – Page 3 of 4
To file a claim electronically, visit www.parmalatsettlement.com
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

PROOF OF CLAIM FORM – Page 4 of 4
To file a claim electronically, visit www.parmalatsettlement.com