

**PAYMENT OF COMPENSATION FOR THE PASSAGE OF THE SHARES IN
ČESKÁ TELEKOMUNIKAČNÍ INFRASTRUKTURA A.S. TO PPF A4 B.V.**

BANK ACCOUNT NUMBER NOTIFICATION

The purpose of this Bank Account Number Notification ('**Notification**') is to notify PPF banka a.s. ('**Authorised Person**') of the relevant bank account number by the person eligible to receive compensation for the shares in Česká telekomunikační infrastruktura a.s. ('**Company**') that will pass to PPF A4 B.V. ('**Main Shareholder**') as the result of the resolution of the Company's general meeting of 3 December 2015 on the forced passage of the shares in the Company ('**Shares**') to the Main Shareholder ('**Squeeze-out Resolution**'). This Notification is to be read and interpreted together with the document titled "*Informace o výplatě protiplnění v důsledku přechodu akcií společnosti Česká telekomunikační infrastruktura a.s. na společnost PPF A4 B.V.*" "Information about the payment of compensation related to the passage of the shares in Česká telekomunikační infrastruktura a.s. to PPF A4 B.V.", posted also on the Company's website ('**Compensation Payment Information**').

Particulars of the person eligible to receive the compensation ¹	
Trade Name or Name	
Identification No. and other information from the Commercial Register or the register	
Substitute Identification No. [NID] (if any has been assigned)	
Registered office	
Person(s) authorised to act on behalf of the eligible person ²	
Particulars of the eligible person's bank account for payment in the Czech Republic	
Bank account number	
Name of the bank that keeps the account	
Particulars of the eligible person's bank account for payment outside the Czech Republic	
IBAN / bank account number for payment abroad	
BIC – the swift code of the bank that keeps the account	
Contact details of the eligible person (optional)	
E-mail	
Telephone	

The eligible person hereby expressly represents that it agrees to the remittance of the compensation under the Squeeze-out Resolution to the above-specified bank account. By completing and signing this Notification, the eligible person therefore gives unconditionally an irrevocable instruction to the Authorised Person to follow this procedure.

This Notification must be **delivered**, together with any annexes, to the following address: PPFB, P. O. Box 444, Evropská 2690/17, 160 41 Praha 6 (the envelope must bear the inscription '**CETIN-OZNÁMENÍ**' ['**CETIN-NOTIFICATION**']), **not later than by 4 p.m. Prague local time on 23 December 2015**. The signature on this Notification must be officially authenticated. For more information about signature authentication outside the Czech Republic please see point 8.6 of the Compensation Payment Information. For more information about documenting any representation of the eligible person, if applicable, please see point 8.3 of the Compensation Payment Information.

Eligible person (authenticated signature)

Name:
Date:

¹ I.e., the holder of the Share(s), or the pledgee in relation to the Share(s), see Article 2 of the Compensation Payment Information

² Please state the first name and surname of the person authorised to act for the eligible person, and that person's position (e.g., director, member of the Board of Directors)