SUBSCRIPTION FORM

(to be made in duplicate, according to belgian law)
Please fill out in capital letters

CODE ISIN: BE0003885051 SVM: 3885.05 Euronext symbol: FLEX Centralization: 25/03/08* Payment: 28/03/08.* (* unless in the event of early closure)



FLEXOS SOCIETE ANONYME Avenue André Ernst, 20 4800 VERVIERS RPM 0443 283 169 Tel: + 32 (0)87 293 770

Public Offering of up to 162.500 New Ordinary Shares, resulting from a capital increase, at the fixed price of 4, 10 € each

| I, undersigned, (name) | | (first name) |
|--|---|---|
| acting on behalf of the company (optional) | | |
| Domiciled or having its registered office at (str | reet) | (n°) |
| in (ZIP code) | (Locality) | |
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| Tel (fix or mobile required) | | |
| After having carefully considered the Prospec stock market operations, | ctus, including the section describing the | risk factors and information about taxation of |
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| In addition to my subscription, I declare that on the account of the financial institution, EUF the indication "FLEXOS", the day on which this | ROPE FINANCE ET INDUSTRIE at KBC secu | will be irrevocably transferred urities under number: 435-4103342-31 with the counter-value in Euro of the subscription. |
| | ansfer this subscription form duly c 33.1 42.89.34.26) and at SMALL CAPS | ompleted to the centralizing institution, |
| EUROPE FINANCE ET INDUSTRIE (Fax: + | 3311 1210313 1120) una at <u>3117422 3741 3</u> | 1111ANCE (18X. 1 32.2.033.32.34) |
| Indicate to which financial institution the | , | · · |
| • | subscribed shares must be delivered | : |
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| Indicate to which financial institution the Name of the financial institution: Title of the account: IBAN (required): Relationship Manager's name and first name (| EUROCLEAR Code (require responsible for my account – required): | : ed): |
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¹ **SMALL CAPS FINANCE** is at your disposal for any complementary information. Tel: +32.2.653.37.63

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| IBAN (required): | EUROCLEAR Code (require | ed): |
| Relationship Manager's name and first name (| responsible for my account – required) : | |
| His number (required): | His Fax (required): | |
| I hereby commit myself to accept the possible | e distribution of shares such as it will be de | cided. |
| In case of over-subscription, I ask that the subscription, namely : | | returned to the same account used for the |
| Made in duplicate in | , the | |
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