

COMPENSATION REQUEST FORM

Publicis Groupe S.A. (the “**Company**”)

Bonds Redeemable into New or Existing Shares (ORANE) issued on 24 September 2002, the terms and conditions of which are contained in an information memorandum (*note d’opération*) approved by the *Commission des Opérations de Bourse* under visa number 02-564 on 16 May 2002 (the “**ORANE**”) as amended by the ORANE holders’ meeting on 10 October 2013

Please return this form to your financial intermediary by no later than 31st December 2013

This form allows persons having previously held/ holding ORANE on the dates listed below to benefit from a facility (the “Compensation Facility**”) set up by the Company to offer such persons compensation for the adjustment of the redemption and remuneration conditions of the ORANE (the “**Adjustment**”) in respect of the portion of dividends paid out of premium accounts of the Company since the issuance of the ORANE.**

The Compensation Facility will offer eligible ORANE holders the right to receive, subject to proof of receipt of redemption and coupon payments on 1st September of 2009, 2010, 2011 and/or 3 September 2012 and/or 2 September 2013, in full and final settlement:

- such number of additional shares corresponding to what they should have received on these dates as a result of the Adjustment, in addition to shares actually received; and
- such amount of additional coupon due on the ORANE they should have received on these dates as a result of the Adjustment.

Consequently, the holder of an ORANE on each of the dates indicated below will receive in respect of such ORANE and for each of these dates:

Record Date	31 st August 2009	31 st August 2010	31 st August 2011	31 st August 2012	30 August 2013
Redemption and Coupon Payment Date	1 st September 2009	1 st September 2010	1 st September 2011	3 September 2012	2 September 2013
Additional share due	0.015	0.015	0.015	0.015	0.015
Additional coupon due	11c	10c	13c	11c	10c

Where the number of additional shares calculated by applying the Adjustment in respect of each of the dates indicated above is not a whole number, the holder of ORANE will receive such whole number of Company shares immediately inferior, as well as the payment in cash of an amount equal to the value of the fractional share multiplied by the average opening prices for the Company's shares on Euronext Paris observed on twenty consecutive trading days prior to the compensation payment date. The compensation payable under the Compensation Facility shall be paid on 15 January 2014.

The additional coupon will be paid in cash.

Procedure for any holder of ORANEs wishing to benefit from the Compensation Facility:

1. Fill out this entire request form and ensure it is duly signed
2. Attach documentary proof* of ownership of ORANE on the date(s) indicated below (in particular, a document establishing the receipt of redemption and coupon payments in respect of the ORANE on such dates)
3. Attach:
For the Euro zone: a bank account identification slip (“**RIB**”) with your **International Bank Account Number (IBAN)** for the account(s) identified below. If you do not choose a wire transfer, payment will be made by cheque/draft in Euros drawn on a French bank (please note that additional charges will apply).
For the USA and other countries: an official document from your bank with your full bank account details (specifically including your BIC/SWIFT code and your ABA statement or “branch number”).

4. Send the completed request form together with all supporting documents to your financial intermediary who will transmit such request form to **CACEIS Corporate Trust, the centralizing institution.**

NOTE:

- * **CACEIS Corporate Trust, the centralizing institution, shall determine whether the supporting documentary proof provided is sufficient.**

1. IDENTIFICATION OF THE CLAIMANT

The claimant is:

an individual

Surname		First name(s)		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
Date and place of birth					
Address					
Street		Number / P.O.B.			
Postal Code		Municipality			
Country					
Telephone				(landline)	(mobile)
Email	@				

a legal entity

Name of organization					
Acronym or abbreviated name		Legal form			
Corporate registration number					
Address					
Street		No. / P.O.B.			
Postal Code		Municipality			
Country					
Telephone				(landline)	(fax)
Email	@				
Website					
Legal Representative					

2. DECLARATION OF ORANE HOLDING

Please fill in the box(es) on the right with the number of ORANE held on the dates indicated.

Number of ORANEs held on:

- **31st August 2009**
(giving the right to redemption and coupon payments on 1st September 2009)

- **31st August 2010**
(giving the right to redemption and coupon payments on 1st September 2010)

- **31st August 2011**
(giving the right to redemption and coupon payments on 1st September 2011)

- **31st August 2012**
(giving the right to redemption and coupon payments on 3 September 2012)

- **30 August 2013**
(giving the right to redemption and coupon payments on 2 September 2009)

TOTAL

:

3. BANK ACCOUNT DETAILS OF CLAIMANT

Account holder

Surname, first name(s) :

Address/Country :

Telephone No. :

Email :

Personal Bank Account Details

Name of Bank:

Bank Address:

Currency: **EUR** Code BIC (11 digits required): _ _ _ _ _

IBAN⁽¹⁾: _ _ _ _ _

Currency: **USD** Code ABA ACH (9 digits required): _ _ _ _ _

Bank Account Type: Checking Account Saving Account

or Code BIC (11 digits required): _ _ _ _ _

Account Number⁽¹⁾: _ _ _ _ _

Currency: **CAD** Institution Number (3 digits required): _ _ _ Branch Routing Number (5 digits required): _ _ _ _ _

or code BIC (11 digits required): _ _ _ _ _

Account Number⁽¹⁾: _ _ _ _ _

Currency: **GBP** Sort Code (6 digits required): _ _ _ _ _

or code BIC (11 digits required): _ _ _ _ _

Account Number⁽¹⁾: _ _ _ _ _

Currency: **AUD** BSB Number (6 digits required): _ _ _ _ _

or code BIC (11 digits required): _ _ _ _ _

Account Number⁽¹⁾: _ _ _ _ _

Other Currency: _ _ _ Code BIC (11 digits required): _ _ _ _ _

Account Number⁽¹⁾: _ _ _ _ _

(1) ***The beneficiary of the account must be the claimant. No other beneficiary will be accepted.***

Beneficiary's account name:.....

Intermediary Bank Details (where applicable)

Section to be completed by claimant's bank if there is a intermediary bank between claimant's bank & CACEIS Corporate Trust.

Name of Intermediary Bank:

BIC Code of Intermediary Bank: _ _ _ _ _

Intermediary Bank Account Number: _ _ _ _ _

IMPORTANT :

By signing this application, the ORANE holder declares that he/she has fully satisfied his/her rights to be compensated in respect of the adjustment of redemption and remuneration conditions of the ORANE for the portion of dividends paid in 2003 and 2004 out of premium accounts and waives the right to institute any proceedings against the Company, its executives and employees. This waiver is granted irrevocably and is subject only to the receipt, by no later than 31st January 2014, of shares and cash due in respect of the Compensation Facility.

The ORANE holder declares that the information provided in this document is complete and factually accurate. The Compensation Facility is subject to French law and any dispute relating to this transaction shall be brought before the courts within the jurisdiction of the Paris Court of Appeal.

Made in on

Signature