



## FORM FOR REPORTING UNLAWFUL CONDUCT – WHISTLEBLOWING

### INSTRUCTIONS:

Reports may be submitted to the Supervisory Body through the following methods:

- a) By sending this duly completed and signed form via registered mail to: C.da Villanesi, 42, 66023 Francavilla al Mare (CH), Italy. Part I of this form, which concerns the whistleblower's personal data, must be completed and enclosed in a sealed envelope along with a copy of a valid ID. This envelope must then be placed in a second envelope along with the completed and signed Part II of this form. Both envelopes must then be inserted into a third envelope, bearing the label "confidential – for the Supervisory Body only" on the outside. (It is recommended to print the two parts of the form separately and to seal all envelopes carefully.)
- b) The report may also be submitted verbally by contacting the Supervisory Body at the following phone number: +39 329 8080218.

### PART I – WHISTLEBLOWER'S DETAILS

FULL NAME OF THE WHISTLEBLOWER<sup>1</sup> \_\_\_\_\_

JOB TITLE OR PROFESSIONAL POSITION<sup>2</sup> \_\_\_\_\_

DEPARTMENT/FUNCTION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

PLACE AND DATE

\_\_\_\_\_

SIGNATURE OF THE WHISTLEBLOWER

\_\_\_\_\_

<sup>1</sup> Note 1: Anonymous reports (where the whistleblower does not disclose their identity) will not be considered unless they are sufficiently detailed and specific, and able to reveal facts and situations in a defined context, regardless of the declarant's identity.

<sup>2</sup> Note 2: If the whistleblower holds the status of a public service officer, submitting this report does not exempt them from the obligation to report criminally relevant facts to the competent judicial authority.

## PART II – REPORT DETAILS

DATE/PERIOD WHEN THE INCIDENT OCCURRED

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LOCATION OF THE INCIDENT

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I BELIEVE THE ACTIONS OR OMISSIONS COMMITTED OR ATTEMPTED ARE (check at least one box)<sup>3</sup>:

☐ CRIMINALLY RELEVANT

☐ IN VIOLATION OF THE CODE OF ETHICS AND/OR OTHER DISCIPLINARY REGULATIONS

☐ LIKELY TO CAUSE FINANCIAL DAMAGE TO THE COMPANY

☐ LIKELY TO HARM THE COMPANY'S REPUTATION

☐ LIKELY TO ENDANGER THE HEALTH OR SAFETY OF EMPLOYEES AND/OR USERS OR TO DAMAGE THE ENVIRONMENT

☐ LIKELY TO HARM THE COMMUNITY

☐ OTHER (please specify): \_\_\_\_\_

AUTHOR OF THE REPORTED INCIDENT<sup>4</sup>

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OTHER INVOLVED PARTIES<sup>5</sup>

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DESCRIPTION OF THE INCIDENT/CONDUCT/EVENT

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<sup>3</sup> Note 3: Reports may not concern personal grievances or requests related to employment terms or relations with supervisors or colleagues.

<sup>4</sup> Note 4: Provide personal details if known or any other element useful for identification.

<sup>5</sup> Note 5: Provide personal details if known or any other element useful for identification.

OTHER INDIVIDUALS AWARE OF THE INCIDENT AND ABLE TO PROVIDE INFORMATION<sup>6</sup>

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ANY DOCUMENTS ATTACHED TO THIS REPORT:

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The following are attached to this declaration:

- a) A copy of the whistleblower's valid ID
- b) Any supporting documentation related to the report

This report is excluded from access under Articles 22 and following of Law No. 241 of August 7, 1990, as well as Articles 5 and following of Legislative Decree No. 33 of March 14, 2013.

Any processing of personal data, including communication between competent authorities, shall be carried out in accordance with Regulation (EU) 2016/679, Legislative Decree No. 196 of June 30, 2003, and Legislative Decree No. 51 of May 18, 2018. The communication of personal data by institutions, bodies, or agencies of the European Union shall be made in accordance with Regulation (EU) 2018/1725.

The whistleblower is aware of the civil and criminal liabilities for false statements and/or the creation or use of false documents, including under Article 76 of Presidential Decree 445/2000.

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<sup>6</sup> Note 6: Provide personal details if known or any other element useful for identification.