

## WHISTLEBLOWER REPORT FORM

*Please read the information on the internal whistleblowing system before filling out the whistleblower report form.*

Please underline the correct one!

- I wish to submit my report **WITHOUT MY NAME**
- I wish to submit my report **WITH MY NAME AND DATA**

### Reporter's contact information

Name\*: .....

In case of legal entity, the legal representative's name\*: .....

Residential address/registered seat\*: .....

Way of notification and feedback (letter or email)\*: .....

Mailing address (if different from residential address/registered seat)\*: .....

E-mail address (must be provided if feedback is requested by e-mail)\*: .....

\* Mandatory fields (except UNNAMED, ANONYMOUS reporter)

### When did you become aware of the misconduct/improper activity? (date)

.....

**The reason for the report** (*Please mark with an x what type of misconduct/improper activity you have become aware of!*):

- violation of data protection rules
- inappropriate or wasteful use of company assets
- other unethical behavior towards colleagues, partners or third parties
- other irregularities that may damage the Company's reputation
- discrimination, disadvantageous or unfair treatment
- corruption
- conflict of interest
- money laundering
- violation of physical and psychological integrity or privacy
- accounting or auditing misconduct
- crime against property (theft, embezzlement)
- violation of competition and/or trade practice
- harassment, intimidation
- coercion
- other:

.....

**Mandatory!**

**Detailed description of the content of the report:** *(Indicating the persons and organizations whose behaviour was objected to, what, when, where, how it happened)*

**Indication of evidence supporting the fact of the report, if any:**

*(E.g.: testimony of witnesses, physical and documentary evidence, etc.)*

**Attached documents** *(e.g. invoice, contract, picture, etc.)*

**Other notes:**

- I declare that I am making the report in good faith, about circumstances that I am aware of, or that I reasonably assume are real. I am aware that in the case of a report made in bad faith with intentionally untrue content, the investigator of the report may consider initiating employer action or civil or criminal proceedings against the bad faith reporter. *(Please mark it with an x!)*
- Fully aware of my responsibility, I declare that the data in the application and the attached evidence correspond to reality. *(Please mark it with an x!)*
- I declare that I have read the information about the reporting system of GRABOPLAST Ltd., as well as the data management information that is part of it. *(Please mark it with an x!)*
- I expressly consent to the processing and forwarding of my personal data in accordance with the data management information to the Company's participating experts who are necessarily involved in the investigation of the report, as well as to the authorities with authority and competence to conduct any proceedings initiated on the basis of the report, as well as to the legal representative representing the Company. *(Please mark it with an x!)*

Date: ....., 20..... year .....month .....day

.....  
Signature  
*(except anonymous whistleblower)*