



WHISTLEBLOWING

PROCEDURE

ATTACHMENT B WHISTLEBLOWING MISCONDUCT REPORT FORM



Introduction

Employees or collaborators of the Almaviva Group may use this form to report unlawful conduct or legal/regulatory violations which have come to their attention during the course of their activities.

For more details about protections and the liability system outlined in Legislative Decree n. 24 of 2023, as well as instructions on how to submit this form, please refer to the "Whistleblowing Procedure" available on the Almaviva Group's institutional website in the specific sections for each of the Group's companies.

Please also refer to the privacy notice regarding whistleblowing, located at the bottom of this form



WHISTLEBLOWING MISCONDUCT REPORT FORM

Fi	rst and Last Name:
	mail:
Fi	scal code:
A	ldress:
Job title or role:	
Jo	b title or role at the time of the incident being reported:
Sr	pecify the company involved in the report:
_	
Ту	pe of illicit conduct:
	Corruption
	Poor management of corporate resources Illicit procurement
	Conflict of interest
	Failure to comply with or violation of standards regarding worker health and safety
	Failure to comply with or violation of standards regarding environmental regulations
	Failure to comply with company procedures (specify which), the Model, or the Code of Ethics Unlawful conduct as defined by Legislative Decree 231/2001
	Offenses within the scope of European Union or national legislation relating to the following sectors: public procurement; financial services, products, and markets; prevention of money laundering and terrorist financing; product safety and compliance; transportation safety; environmental protection; radiation protection and nuclear safety; food and feed safety and animal health and welfare; public health; consumer protection; privacy and data protection; and network and information system security
	Actions or omissions that harm the financial interests of the Union
	Actions or omissions related to the internal market



Actions or conduct that undermine the purpose or objectives of the provisions set forth in the Union's legislation
Other_
Indicate the time period and place where the incident occurred:
Indicate the period (if possible, also the date) and the place where the reported incident occurred:
Duration of the illicit conduct:
Subjects involved in the incident:
Specify the individuals, legal entities, companies, or other parties involved in the incident in any capacity adding any details you think may be useful for verification and investigation purposes Offender(s): (personal details or other identifying information):
Other individuals, if any, with knowledge of the incident or able to report on it (personal details or other identifying information): Specify whether the report has already been submitted to other parties or authorities.
Description of the incident:
Any documents that may support the validity of this incident:
Any additional information that may help verify the reported incident:



Statement of consent for the processing of personal data:

The Reporting Party is aware of the responsibilities and civil and criminal consequences associated with making false statements and/or submitting forged documents, also pursuant to and in accordance with Art. 76 of the Presidential Decree 445/2000.

The Reporting Party confirms having read the Privacy Policy (pursuant to Art. 13 of European Regulation n. 679/2016) published on the company's website.
I consent to the processing of my personal data:
C agree
C do not agree
I consent to being contacted and provide the following contact methods:
© agree
🖰 do not agree
I consent to disclosing my identity in the event of disciplinary proceedings against the reported individual(s):
C agree
C do not agree