

Employees are encouraged and required to report immediately and without delay any incidents or suspicions of bribery to the Anti-Bribery Committee and/or to the appropriate public authorities such as the National Transparency Authority.

If an employee is uncertain about how to handle a situation that is contrary or potentially contrary to this Policy, they must always seek guidance from the Anti-Bribery Committee.

The complainant has the right and the option to submit their complaint anonymously. We emphasize that no employee will be harmed or penalized for expressing concerns related to bribery, corruption, or for refusing to bribe or be bribed.

Complainant's Full Name (optional):

.....

Female: ☐ Male: ☐ Age (optional):

Is the complaint submitted on behalf of another person?* Yes: ☐ No: ☐

Contact Phone (optional)::

Email (optional):

Against which company person is the complaint being submitted?*

.....

Type of Bribery

- | | |
|---|---|
| <input type="checkbox"/> Political Donation (e.g., to political parties/party officials, etc.) | <input type="checkbox"/> Extraordinary employee compensation without specific justification (bonus)) |
| <input type="checkbox"/> Gift from a third party to a colleague/associate, lacking impartiality or/and of luxury value (directly or indirectly), with the aim of personal benefit | <input type="checkbox"/> Selection of a partner/supplier outside the applicable legislation, for personal benefit |
| <input type="checkbox"/> Meals/Hospitality/Trips/Entertainment of unreasonable value or on a regular basis, lacking impartiality, with the aim of personal benefit | <input type="checkbox"/> Conflict of interest |
| <input type="checkbox"/> Provision of Charitable Donation/Sponsorship | <input type="checkbox"/> Money laundering, as defined by applicable legislation |
| <input type="checkbox"/> Cooperation with third parties that conflicts with the Approved Anti-Bribery Policy | <input type="checkbox"/> Other: |

Describe the bribery incident*

Have you already approached the person against whom you are submitting the complaint?* Yes: ☐ No: ☐

Was it a single incident or ongoing?* Single: ☐ Ongoing: ☐

When did you become aware of it? Date:

How did you react when you became aware of it?:

- | | |
|---|--|
| <input type="checkbox"/> I did not react | <input type="checkbox"/> I spoke to my superior |
| <input type="checkbox"/> I refused to participate (if asked) | <input type="checkbox"/> I pretended not to notice |
| <input type="checkbox"/> I agreed to participate (if asked) | <input type="checkbox"/> Other |
| <input type="checkbox"/> I asked for explanations from the persons involved | |

Were there other witnesses? If yes, specify:

Name: Position:

Do you have evidence supporting this?* Yes: ☐ No: ☐ Other comments/observations: