

External Whistleblowing Report Form

Reporting Party's Personal Details:

First name	
Last name	
Italian tax ID number	
Address	
Phone number	
Name of Supervised Entity	

Information regarding the alleged violation or misconduct being reported:

Area in which the violation or misconduct occurred (i.e. credit department, internal audit)	
Date/time frame of the violation or misconduct	
Place where the violation or misconduct occurred (relevant branch or office)	

Brief summary of the alleged violation or misconduct:

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Other entities to which this violation or misconduct was reported:

Entity	Date	Result

Signature: _____

(Please submit any available documents supporting your claim.)