

Internal Whistleblowing Report Form

Reporting Party's Personal Details:

First name	
Last name	
Italian tax ID number (if applicable)	
Address	
Phone number	
Name of Supervised Entity	
Role held within the Supervised Entity	
Position held when the violation or misconduct occurred	

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 description of the alleged violation or misconduct:

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Other entities to which this violation or misconduct was reported:

Entity	Date	Result

Signature: _____

In your email, please attach a copy of your identity document together with this form. Also include any available documents supporting your claim.