

# **WHISTLEBLOWING REPORT FORM**

## **pursuant to Legislative Decree no. 24 of 2023**

This form may be submitted:

a) by sending it to the e-mail address [odvmbf@gmail.com](mailto:odvmbf@gmail.com);

b) by mail to: MBF S.p.a. Via Nuova Padovana 3/a - 37040 Veronella (VR) to the attention of the Supervisory Board, indicating on the outside of the envelope the words 'Confidential report'.

### **OPTIONAL DATA:**

Name and Surname of the individual submitting the report:

\_\_\_\_\_

Contact details of the individual submitting the report:

☐ phone number \_\_\_\_\_

☐ e-mail address \_\_\_\_\_

### **COMPULSORY DATA:**

Date/period when the fact/event/conduct occurred:	_____
Current state of the fact / event / conduct:	<input type="checkbox"/> the fact / event / conduct has come to an end <input type="checkbox"/> the fact / event / conduct is still ongoing <input type="checkbox"/> the fact / event / conduct occurs repeatedly <input type="checkbox"/> the fact / event / conduct is about to occur <input type="checkbox"/> other _____
Place where the fact / event / conduct occurred:	<input type="checkbox"/> within the registered office <input type="checkbox"/> outside the place of employment (indicate place and address): _____ _____
Description of the facts:	_____ _____ _____ _____ _____ _____ _____

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Author(s) of the fact / event / conduct:	<hr/> <hr/>
Persons harmed by the fact/event/conduct:	<hr/> <hr/>
Persons who benefited from the fact/event/conduct:	<hr/> <hr/>
Any other persons who can report on the fact/event/conduct:	<hr/> <hr/>
How you learned about the fact/event/conduct:	<hr/> <hr/> <hr/>
Any documents supporting the report attached to this form:	<hr/> <hr/>
Any other useful information:	<hr/> <hr/> <hr/>
Other persons/authorities to whom the above-mentioned fact/event/conduct has been reported:	<hr/> <hr/> <hr/>
Place and date:	<hr/>
Signature (optional):	<hr/>