| BROFIND® | H&S REPORTING FORM | H&S_042 |
|-----------------------|---------------------------|------------|
| time to clear the air | | |
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Having recalled the operational procedure 'Report Management' (Reference **PDR_007**), anyone wishing to report:

- conduct contrary to the system of internal rules and regulatory provisions that endangered, or could have endangered, the health and safety of workers;
- violations of Brofind S.p.A.'s Health and Safety Management System;
- violations of Brofind S.p.A.'s 'Health and Safety Policy';
- violations of Brofind S.p.A.'s system of rules, procedures and policies;

may use this "H&S Reporting Form", alternatively to the verbal communication by means of a declaration made to the Reporting Committee and the channel made available by Brofind S.p.A. [https://brofind.signalethic.it/signalethic/home), in order to submit the relevant Report.

Please note that Brofind S.p.A. protects employees or anyone else who makes a report and that the report must be made responsibly and consciously.

INSTRUCTIONS FOR COMPILATION AND SENDING

- 1) Anyone wishing to make a Report on UNI/PdR 125:2022 (Gender Equality) must fill in the "Part 2" and "Part 3" fields and possibly also the "Part 1" field if they wish to make their identity known. Otherwise, you may leave the "Part 1" field blank if you wish to remain anonymous.
- 2) After completing this form, the reporting person:
 - can send the 'H&S Report Form' (Reference **H&S_042**) to the following e-mail address: csr@brofind.com;
 - can send an envelope marked 'Confidential/Personal For the attention of the Brofind S.p.A. Reporting Committee' by post (Viale Stelvio 5, Milan (MI) 25041).
 Two envelopes must be placed inside the envelope, in order to separate the identifying data of the Reporting Party from the Report, both sealed:
 - the first envelope with the identity data of the reporting person together with a
 photocopy of the identification document. As an alternative to the photocopy of the
 identification document, please include a telephone number that can be contacted;
 - the second envelope with the 'H&S Report Form' (Reference H&S_042).
 - can hand-deliver an envelope marked "Confidential/Personal For the attention of the Brofind S.p.A. Reporting Committee". (by inserting the envelope in the mailbox located at the Brofind S.p.A. offices).

Two envelopes must be placed inside the envelope, in order to separate the identifying data of the Reporting Party from the Report, both sealed:

- the first envelope with the identity data of the reporting person together with a photocopy of the identification document. As an alternative to the photocopy of the identification document, include a telephone number that can be contacted;
- the second envelope with the 'H&S Report Form' (Reference **H&S 042**).



H&S REPORTING FORM

H&S_042

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| PART 1 - PERSONAL DATA OF THE REPORTER | | | | | |
|--|--|--|--|--|--|
| (Completion of the fields below is not mandatory. | | | | | |
| However, for any further information on t | he Report, please fill in at least the 'Telephone' field) | | | | |
| Name and surname of the reporting person | | | | | |
| Company name (If the reporter is not an employee of Brofind) | | | | | |
| Occupation/function | | | | | |
| Phone | | | | | |
| E-mail address | | | | | |
| | | | | | |
| PART 2 - REPORTING | | | | | |
| Tick one or more boxes | 1) violations of the Health and Safety Policy \Box | | | | |
| | 2) violations of the Management System for Health and Security □ | | | | |
| | 3) violations of the Company's system of rules, procedures policies □ | | | | |
| | 4) conduct contrary to the system of internal rules regulations that endangered, or could have endanged the health and safety of workers | | | | |
| | 5) Other □ | | | | |
| Date of event | | | | | |
| Event venue | | | | | |
| Person(s) who has/ have committed the act | | | | | |
| Possible stakeholders | | | | | |
| | | | | | |
| | | | | | |
| Ways in which he became aware of the fact | | | | | |
| | | | | | |
| | | | | | |



| Any other persons who may report the fact | | |
|--|--|------------------|
| | | |
| | | |
| | | |
| Objective circumstances of violence or threats | | |
| | | |
| | | |
| | | |
| PART 3 - EXTENDED I | DESCRIPTION OF THE ALERT | |
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| | | |
| Please attach, in addition to this form, any documen | tation supporting the Report | |
| Attached documentation: | | |
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| | | |
| All information contained in the Whistleblowing Report the Whistleblower or other persons, will be treated applicable privacy legislation, as set out in the "Whistwebsite https://www.brofind.it/, to which reference s | confidentially and will be kept in acco stleblowing Privacy Policy" published c | ordance with the |

Data:_