

Notification form

Date:

Whistleblower's identity

Anonymous:

YES

NO

Name:

Surname:

Date of birth:

Phone number:

1.

2.

E-mail:

Contact address:

Company/Employer:

Description of notification:	
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State all concerned persons in the mentioned matter above.

1.

6.

2.

7.

3.

8.

4.

9.

5.

10.

Whistleblower agrees to provide this notification, in addition to the persons in charge assessing the reasonability of the notification, also to the concerned persons as well as to persons engaged in investigation.

YES

NO

Whistleblower's signature: