



WHISTLEBLOWING REPORT

Mod. PCL-1.0-00

11Dec2023

To
Report manager of
Mollificio Valli S.r.l.
c/o SERVIZI INDUSTRIALI NOVARA
Corso Cavallotti, 25 28100 - Novara.

Report No. _____

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(enter a 4 alphanumeric character code chosen by the reporting party, if you want to make identification of the person more immediate report) _____

Report date: _____

Given that

Whistleblowing is the reporting through which an illegal act, a violation or in any case a situation which may give rise to the risk of integration of crimes, of which a person has become aware in relation to the performance of their duties, internally or externally to the Company.

Reports made via this form will be managed in compliance with the provisions of Legislative Decree 24/2023.

Any anonymous reports may only be taken into consideration in the presence of specific identifiable elements and data which allow, even in the absence of the identity of the relevant author, to carry out concrete investigations suitable for making an assessment of the case in question. In this case, however, these reports will be included in the "ordinary" ones and not related to whistleblowing.

The data relating to the report will be processed in compliance with EU Regulation 2016/679 (GDPR). By completing and sending the report, the author declares to have read the privacy information referred to in the Whistleblowing section of the Company's website.

All this being said, the undersigned

Name:	
Surname:	
Date of birth:	
Tax ID code:	
Residential address:	
Email address:	
Mobile contact:	
Role or job function performed:	
Company and place of work:	



SEGNALAZIONE WHISTLEBLOWING

Mod. PCL-1.0-00

11Dec2023

Declare the following:

1. Are you aware of crimes, offenses or any information relating to incorrect behavior that directly or indirectly affects the Company?

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2. Have you already reported this? YES NO

If the answer is yes, enter the alphanumeric identification code of the previous report:

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3. What is your relationship with the Company? *Select one of the following options*

Company employee <input type="checkbox"/>	Company manager <input type="checkbox"/>	Company Consultant <input type="checkbox"/>
Customer of the Company <input type="checkbox"/>	Partner of the Company <input type="checkbox"/>	Other (specify): <input type="checkbox"/>
Worker or collaborator of companies supplying goods or services or companies that carry out works in favor of the Company <input type="checkbox"/>		

4. In which department and/or office of the Company was the reported event/behavior committed?

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5. What type of non-compliance/violation was committed? *Select one or more of the following options*

Environmental crimes <input type="checkbox"/>	tax crimes <input type="checkbox"/>	Corporate crimes <input type="checkbox"/>
Acts of corruption <input type="checkbox"/>	Acts of fraud <input type="checkbox"/>	Crimes against the person <input type="checkbox"/>
Adoption of discriminatory measures <input type="checkbox"/>	Conflicts of interest <input type="checkbox"/>	Other (specify): <input type="checkbox"/>
Violation of laws, regulations, codes of conduct and/or other violations/non-compliances <input type="checkbox"/>		

6. How did you find out about the incident?

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SEGNALAZIONE WHISTLEBLOWING

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11Dec2023

7. When did the reported event/behavior occur?

8. What is the duration of the fact/behavior being reported? *Select one of the following options*

The conduct is still ongoing	<input type="checkbox"/>	The conduct is repeated over time	<input type="checkbox"/>
The conduct has run its course	<input type="checkbox"/>	I can't provide any information on this	<input type="checkbox"/>

9. Enter the description of the fact/behavior being reported (*minimum 50 characters*)

10. Do you have useful documents to attach to this form? YES NO

If the answer is yes, attach the documentation to this form.

11. Who are the main parties and/or key stakeholders involved? Also indicate the function and/or role they held.



SEGNALAZIONE WHISTLEBLOWING

Mod. PCL-1.0-00

11Dec2023

12. Would you be able to indicate other individuals who could confirm the reconstruction you carried out without compromising the confidentiality of the report? YES NO

If the answer is yes, indicate the name and role/function held:

13. Have you already reported this fact/behavior to parties internal/external to the Company or to the competent Authority? YES NO

If the answer is yes, indicate the name of the subjects consulted and their function within the Company or the reference of the requested Authority: