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|  | surface care solutions | Whistleblowing reporting of unlawful acts | SCHEDULE |
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| SECTION 1: general data |
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| REPORTING PARTY (*) | |
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| ROLE (*) | |
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| DATE | |
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*The indication of name, surname and role of the Reporting Party is optional. The Reporting Party is aware that reports made anonymously can be taken into account only if properly substantiated and given in detail.

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SECTION 2: CONCERN

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| NAME OF THE COMPANY IN WHOSE CONTEXT THE INFRINGEMENT OCCURRED | |
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| CONTENT OF THE REPORT: - Description of the reported event and date of occurrence - Name and surname, qualification and function/role of the responsible person (c.d. reported); - Circumstances of time and place of occurrence, together with any other elements deemed relevant to the reporting; - Any other information that may facilitate the collection of evidence on the reported. | |
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| POSSIBLE WITNESSES | |
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| ATTACHED DOCUMENTS | |
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| PROVEN INTEREST LINKED TO THE REPORT | |
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|---|---|
| AVAILABILITY TO DISCLOSE YOUR IDENTITY ALSO TO THE REPORTED PERSON | <input type="radio"/> YES <input type="radio"/> NO |
|---|---|

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| SIGNATURE | |
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| SIGNATURE BY RECEIPT OF THE MANAGER | DATE | |
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