

## ANNEX 1.1: Whistleblowing Reporting Form

1. Who committed the suspected violation?	
<p>1.1 Was the suspected breach that you wish to report committed by the Branch itself or an employee or other?</p>	<p><input type="checkbox"/> The Branch itself</p> <p><input type="checkbox"/> An employee</p> <p><input type="checkbox"/> Other. Please specify:  <div style="border-bottom: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> </p>
2. Personal details	
<p>2.1 Would you like to remain anonymous?</p>	<p><input type="checkbox"/> Yes, I would like to remain anonymous.</p> <p><input type="checkbox"/> No, I would like to give my identity.</p>
<p>2.2 If you responded “No” to question 2.1, please provide your personal details.</p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>Last name</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>First name</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>Entity</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>Department</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>Current position</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>Email</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>Postal address</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> <div style="border-bottom: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <p>Telephone number</p> <div style="border-bottom: 1px dotted black; height: 1.2em;"></div> </div>
3. Consent	
<p>3.1 The Branch will not reveal your identity without first obtaining your explicit consent. However, if the Branch received a court order in the context of further investigations or subsequent judicial proceedings, the Branch is obliged by law to reveal the identity of an informant, even without the informant’s explicit consent. Do you consent to the Branch forwarding your personal</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

data to National and European Competent Authorities, if relevant to the procedure for following-up on your whistleblowing report?	
<b>4. Description of the suspected violation</b>	
4.1 Occurrence date (MM/DD/YYYY) or time period	.....
4.2 Is the alleged violation still on-going?	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown
4.3 Provide the name of the entity/person that committed the suspected violation	4.1.a. Entity .....
	4.1.b. Employee  Last name .....  First name .....  Department .....
4.4 Provide the country where the suspected violation occurred	.....
4.5 Is there any other entity/country involved?	<input type="checkbox"/> Yes. Please specify: ..... .....  <input type="checkbox"/> No
4.6 Who are the main parties involved?	<input type="checkbox"/> The Branch (indicate the Department if known: .....)  <input type="checkbox"/> Individuals  <input type="checkbox"/> Legal entities  <input type="checkbox"/> Government Agencies  <input type="checkbox"/> Other. Please specify: .....
4.7 Are you, or were you, associated with the party involved when the alleged violation occurred?	<input type="checkbox"/> Yes. Please specify the circumstances of the link with the party you are filing a whistleblowing report against: ..... ..... .....

	<input type="checkbox"/> No  <input type="checkbox"/> Unknown
4.8 What was the initial form of contact between you and the person/entity against whom you are filing this report?	..... .....
4.9 Please select the option(s) that describes your report	<input type="checkbox"/> Criminal activity (such as embezzlement, theft, money laundering, fraud etc.); <input type="checkbox"/> Breaches of internal policies and procedures, customer treatment standards, etc.; <input type="checkbox"/> Manipulating procedures / Manipulating IT systems; <input type="checkbox"/> Breaches of regulatory or legal requirements; <input type="checkbox"/> Breaches of the financial accounting and auditing obligations; <input type="checkbox"/> Breaches of Market Abuse Regulation, including: insider dealing, unlawful disclosure of inside information and market manipulation <sup>2</sup> ; <input type="checkbox"/> Bribery and corruptions practices; <input type="checkbox"/> Altering or removing remitter of beneficiary information in payment instructions to avoid the detection of sanctioned individuals, entities or jurisdictions; <input type="checkbox"/> Other risks or dangers at work including IT security; <input type="checkbox"/> Behavior endangering the staff health and safety; <input type="checkbox"/> Case of moral harassment, sexual harassment and discrimination; <input type="checkbox"/> Other. Please specify:  ..... ..... .....
4.10 Please describe in detail all facts pertinent to the suspected violation. Explain why you believe the facts described constitute a violation	..... ..... ..... ..... ..... ..... ..... .....

<sup>2</sup> With reference to any Market Abuse wrongdoings, in accordance with ANAC (the Italian Authority against Corruption) Guidelines, these must be reported by means of dedicated reporting processes as provided by the relevant local Regulation. Thus, for any market abuse-related breaches, different reporting channels, details about the confidentiality of the reporting process, reporting persons must refer to the Market Abuse Policy. Nevertheless, in case of doubts, employees are encouraged to report wrongdoings applying the guidelines and related protection measures set out in the Whistleblowing Policy. This method is to be used in the event that the reporting persons are not able to distinguish "general" wrongdoings from "specific" Market Abuse wrongdoings (offering, for example, the possibility to remain anonymous). To this end, after receiving the report, the Branch will process it following the specific rules laid down for Market Abuse despite having received the report through the Whistleblowing channel.

<p>4.11 Please detail how you came to know about the suspected activities</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>4.12 If possible, please state the regulatory/legal obligation that you suspect were breached</p> <p><i>(e.g. legal obligation under Circular CSSF 07/307, obligation under Code of Conduct)</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>4.13 Do you know the estimated loss (value) for the Branch or parties involved, if any?</p>	<p><input type="checkbox"/> Yes. Please specify:</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> No</p>
<p>4.14 Do you have any evidence/documentation to support the submission of your whistleblowing report?</p>	<p><input type="checkbox"/> Yes, I have evidence (s) in my possession to support the submission of this whistleblowing report and can provide them.</p> <p><input type="checkbox"/> Yes, I know the existence of documents to support the submission of this whistleblowing report.</p> <p><input type="checkbox"/> No</p>
<p>4.15 Please provide the location of all supporting materials in your possession.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>4.16 Have you reported this matter to other persons/authorities?</p>	<p><input type="checkbox"/> Yes. Please specify when and to whom (if known, please provide the full name and current position of the person to whom this suspected violation has been reported).</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> No</p>
<p>4.17 Have you taken any action regarding your report?</p>	<p><input type="checkbox"/> Yes. Please specify:</p>

	<div>.....</div> <div>.....</div> <div>.....</div> <div><input type="checkbox"/> No</div>
4.18 Please include in this section information that you have not been able to provide elsewhere	<div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>

5. Submission of the report

☐ I agree with the content of this whistleblowing report and understand that (i) it will be assessed by the Whistleblowing Officer and (ii) it may lead to an investigation conducted by the Whistleblowing Officer as seedily and sensitively as possible in accordance with all relevant laws and regulations.

Date of the report (MM/DD/YYYY) .....

Signature (in case the Whistleblower decides not to remain anonymous) .....

6. Whistleblowing Officer (for ICBC use only)

Date of acknowledgment (MM/DD/YYYY) .....

Last name .....

First name .....

Department .....

Position.....

Signature .....