SAMER SEAPORTS & TERMINALS SRL

PROTOCOL FOR THE HANDLING OF REPORTS PURSUANT TO LEGISLATIVE DECREE NO. 24/2023

Encl. 1 – FORM FOR WHISTLEBLOWING REPORTS – DATA OF THE REPORTER

This form can be used by the Reporting Party to submit a report of actual or potential violation of reference regulations.

It is mandatory to fill out the fields marked "**".

This duly completed form must be placed in a sealed envelope (named ENVELOPE 1), the latter MUST also contain a photocopy of an identity document and MUST contain the authorisation to process the data signed in Annex 3).

This envelope with the contents described above must be placed (together with the sealed envelope containing Enclosure 2) in a sealed envelope (named Envelope 3 in the protocol) to be sent by registered mail to:

CONFIDENTIAL for the Reporting Manager Dott. Giuseppe Giovanni Maria Petrusa VIA Dogana nr. 23, cap. 33170 Pordenone

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A) DATA OF THE REPORTER **

- A.1. Surname and name
- A.2. Date and place of birth

A.3. Residence address and tax code

.....

A.4. Telephone number / email address

A.5. Belonging to organizational unit

.....

A.6.Assignment, role and/or task of the reporter:

- Employee of private-sector entities
- o Self-employed person working for private sector entities
- Worker or collaborator working for private sector entities providing goods or services or carrying out works for third parties
- Freelancer/consultant working for private sector entities
- Volunteer/trainee working in private sector entities
- o Shareholder
- Person with functions of administration, management, control, supervision or representation, including where such functions are exercised on a de facto basis, in private sector entities
- o Other

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A.7. I wish to consent to the disclosure of my identity should this be necessary*:

- o YES
- o NO

A.8. I wish to be contacted for any updates on the progress of the investigation or for further information/details in relation to the report made^{*}.

- YES
- o NO

If YES, please describe the channels through which to be contacted:

Date.....

Signature.....

* Completion is not obligatory and is at the reporter's discretion. In the case of non-filling in (anonymous reports), it is recommended that you provide as many details as possible for the proper handling of the investigation as, in the case of anonymous paper reports, as we do not know your identity, it will not be possible to contact you for any clarifications if necessary.

Your report will be handled by ensuring the confidentiality of your data, the data of the reported person and the information concerning the reported conduct, insofar as it could affect the protection of your data and in accordance with the legal provisions guaranteeing the protection of the reported person.

In order to know the purposes and methods of the processing of such data, as well as the retention periods of such data, we invite you to read the Policy on Internal Reporting Systems and the Information on the Processing and Protection of Personal Data in Annex 3, which you must sign and attach to this form.

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