**ANNEX**

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| **Report Submission Form** |
| **Name** **(optional)** |  |
| **Last name****(Optional)** |  |
|  **Not to disclose my identity to third parties without my permission**  |
|  **I wish to submit my complaint anonymously**  |
| **Contact details****(Please enclose contact details if you wish)** |  Postal address: |
|  Email address: |
|  Phone number: |
|  Social Media: |
|  I do not wish to communicate |
| **Description of the Report (Complaint / Incident)** |
| **What happened?** |  |
| **Where did it happen?** |  |
| **Who did it happen to?** |  |
| **What was the result?** |  |
| **Date of Incident / Complaint** |  One-off case (Date: ) |
|  Recurrent Incident (How many times: ) |
|  In Progress (Please provide information) |
| **What is the optimal way to solve the problem in your opinion?** |
|  |

\*This applies in the context of the Whistleblowing Policy of the Company Irida SA and its republication is expressly prohibited.

Please return this form in the following ways:

* **e-mail:** to the e-mail address whistleblowing@irida.com whose access is restricted to the RRMO.

**- in writing**, to the postal address: IRIDA SA, Nea Artaki Evia - 60 Riga Fereou, GR 34600, to the attention of the Report Receiving and Monitoring Officer (RRMO)

- in a **postbox** situated at the premises of IRIDA SA, marked "Complaints"(only for IRIDA personnel).