**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).