

WHISTLEBLOWING – Form for REPORTING ALERTS

pursuant to Legislative Decree no. 24 of 2023

ATTENTION: in case of written notification by ordinary mail, the report can be made by placing it in two closed envelopes, in order to separate the whistleblower's identification data from the reporting form:

- the first with a photocopy of a valid identification document of the whistleblower;
- the second with the "reporting form".

Insert the two envelopes into a third closed envelope bearing the words "*riservata all'attenzione del Responsabile Dispositivo Allerta Etico*" on the outside and sent to the following ordinary mail address:

BNL S.p.A., Dispositivo Allerta Etico, Compliance Area, Viale Altiero Spinelli 30, 00157 Roma

If you wish to keep your identity confidential, you must tick the following box:

- Anonymouse declaration (eligible only if duly proven and benefiting from protection only in the cases provided for by art. 16, paragraph 4, Legislative Decree no. 24/2023)

ATTENTION: to be considered as a Whistleblowing report, it is necessary to expressly declare that you wish to avail yourself of the protections provided by Legislative Decree 24/2023. In the absence of a clear indication, the report could be treated as ordinary. However, it should be noted that the BNP Paribas Group manages ordinary reports ensuring similar confidentiality and protection safeguards provided for Whistleblowing reports pursuant to Legislative Decree 24/2023.

- I wish to benefit from the protections provided by Legislative Decree 24/2023

* _ * _ *

IMPORTANT: Fields marked with "*" are MANDATORY for the report to be considered a Whistleblowing report

* _ * _ *

1) INDICATE YOUR RELATIONSHIP TO BNP PARIBAS *

- Former Employee
- Candidate for a job
- Supplier
- Subcontractor
- Shareholder or member of Board of Directors
- Other, specify

2) CONTACT DETAILS for any communications

(in the absence of contact data it will not be possible to request further information or clarifications on the reported fact. Contact data can be provided by choosing the one that guarantees your anonymity, where desired)

Regular mail address

Personal e-mail address

Telephone number

* _ * _ *

3) REPORTING THE FACTS

a. WHO IS THE PERSON OR PERSONS TO WHOM THE REPORTED FACTS REFER*

[indicate Name, Surname, Title and any other information useful for identification]

.....

b. FUNCTION/GROUP COMPANY AFFECTED BY THE ALLEGED VIOLATION*

[indicate the BNP Paribas Group Company in which the situation you wish to report occurred (e.g. BNL, etc.) or the Department/Team concerned (e.g. sourcing, communications, legal, IT, etc.)]

.....

c. IN WHERE DID THE SITUATION YOU WISH TO REPORT OCCUR? *

.....

.....

d. WHEN DID THE EVENT OCCUR? *

(indicate the date or period in which the situation you wish to report occurred or whether it is still ongoing)

.....

e. WHAT TOPICS DOES THE SITUATION YOU OBSERVED REFER TO? *

- Respect for Persons (harassment, discrimination, inappropriate behavior, etc.)*
- Situations other than those related to respect for persons (fraud, money laundering, sanctions and embargoes, terrorism, etc.)*
- Mixed reports (respect for people and other situations of misconduct)*
- Other*

f. SUMMARY DESCRIPTION OF THE FACTS (please provide factual information directly related to what happened) *

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

g. HAVE YOU ALREADY REPORTED THE FACTS IN QUESTION TO OTHERS? *

- NO
- YES

please specify the person or entity to whom the situation was reported and what the outcome was

.....

.....

h. DO YOU HAVE A PERSONAL INTEREST CONNECTED TO THE ACTS OR FACTS COMMUNICATED? IF YES, WHAT? *

.....

i. WHO ARE THE PARTIES WHO HAVE BENEFITED FROM THE UNLAWFUL ACT? (if known)

.....

j. WHO ARE THE PARTIES DAMAGED BY THE UNLAWFUL ACT? (if known)

.....

k. HOW DID YOU LEARN ABOUT THE FACTS? *

- I participated in the event together with the Reported Person
- I am a victim
- I personally witnessed it
- It was reported to me by a participant in the event, by a person who witnessed it or by a victim
- Other (specify)

.....

l. ARE THERE ANY OTHER PEOPLE INVOLVED IN THE INCIDENT? IF YES, WHICH ONES? * (Name, Surname, Title)

.....

m. ARE THERE ANY PEOPLE WHO WITNESSED THE INCIDENT? IF YES, WHICH ONES? (Name, Surname, Title)

.....

n. WHAT IS THE ECONOMIC VALUE OF THE REPORTED FACT? (if known)

.....

.....

o. OTHER USEFUL INFORMATION (e.g. to verify the veracity of the report)

.....

.....

.....