



WHISTLEBLOWING REPORTS FORM

(Law No. 4990/2022)

This Form protects your anonymity.

General Information:

1. With this form you may report serious complaints, if you have, regarding violations of EU Law and legislation in the context of the activities of I.P.A. S.A., which you have identified, and we assure you that all cases are being handled confidentially and we will maintain absolute confidentiality and your information, in case provided by you, will remain protected.

2. This form ensures that the reporter/whistleblower can remain anonymous. You may also not fill in any information that can reveal your identity. We are only interested in information about the reported incident.

3. In case you wish your report to be anonymous, you can follow the instructions below:

-Do not mention personal information, such as your name or your relationship with those involved.

-Do not provide information that may lead to your identification.

4. In the case of an anonymous report, you should note that we will not be able to contact you in case we want to request more information to investigate your complaint. For this reason, please either provide details of the investigation in the first place, or provide an email so that we can contact you without revealing your identity.

5. Those who report incidents of infringing behavior, if they have provided their personal data, as well as employees or third parties that may be included in the above reports, have the right to access, update, object and correct their personal data, as well as to request at any time the deletion of the data they have provided in accordance with the terms of the General Data Protection Regulation (EU 679/2016–GDPR).

6. We would like to highlight that the company cannot investigate cases concerning sensitive personal data in accordance with article 9-par. 1 of the General Data Protection Regulation 679/2016.

7. You can use additional pages if those in this form are not sufficient.

Date of Report:

Report's Reference no.: *(to be filled in by I.P.A. S.A.)*

Reporter's Details (optional):

Name:.....

Address:.....

Email:.....

Telephone:.....

Status: Employee/External Partner:

Description of the reported incident (Please record in detail in your report & substantiate, what exactly happened, how and when you found out):

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-If the report concerns embezzlement of funds, please indicate the estimated amount of money:

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- In which department did the reported incident occur? Who is/are involved and in what capacity?

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- What relevant evidence do you have for the report? (mention all the evidence that can prove your allegations):

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Your complaint form can be sent:

- to the e-mail address of the company I.P.A. S.A.: wbp@olig.gr, to the attention of the Monitoring Officer, in charge of Receiving & Monitoring Reports (Y.P.P.A.),
- by post to the company's registered office with the indication "Confidential", to the address: Passenger Station T3, New Port of Igoumenitsa, P.C. 46100.

I declare that this report was filed in good faith.

I accept the Terms of Use and the Personal Data Protection Policy of I.P.A. S.A. : <https://olig.gr/gdpr-%cf%80%cf%81%ce%bf%cf%83%cf%89%cf%80%ce%b9%ce%ba%ce%ac-%ce%b4%ce%b5%ce%b4%ce%bf%ce%bc%ce%ad%ce%bd%ce%b1/>

Reporter's signature (optional)

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