



**FORM FOR REPORTING A VIOLATION OF LAW
IN BALTIC HUB CONTAINER TERMINAL SP. Z O.O.**

The following form is used to report violations of law in Baltic Hub Container Terminal Sp. z o.o. The information provided in the form is subject to confidentiality on the terms specified in the Internal notification procedure at Baltic Hub Container Terminal Sp. z o.o.

The form must be completed according to the information below. The notification may concern committed violations or those that have not been committed, but there is a very high risk of their occurrence or attempts to hide violations. Notifications may relate in particular to areas that have been indicated in the Procedure for reporting violations of law at Baltic Hub Container Terminal Sp. z o.o.

Reporting person

In the case of a report submitted by several people, enter them all.

Name and surname: <i>(please tick the appropriate box below):</i> <ul style="list-style-type: none">• I am an employee• I am a contractor/service provider• I am a supplier/executor• I am a partner• I am a proxy/ a member of a body• I am an ex-employee• I am a candidate for work• I am a volunteer/practitioner/ trainee• Work _____ in _____ the contractor/subcontractor/supplier organization• Others: Job position:	Contact details: <i>(e-mail or phone number)</i>
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Victim – if applicable

Name and surname:

Job position:

(may also apply to people outside the organization)



The person whose actions or omissions the notification concerns

In the case of a notification concerning several people, enter them all

Name and surname:

Job position:

What violations do you report?

What are or were the violations you are reporting?

When and where did the reported violations occur?

How did the breach occur and why?

Do you report evidence? If so, what?

Have you reported these violations before? If so, when, to whom and in what form? Have you received a response to your report?

Is there anything else you would like to add regarding your report?

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Date and signature of the person submitting the report

TO BE COMPLETED BY THE PERSON RECEIVING THE NOTIFICATION	
Name and surname of the person accepting the notification	Date of receipt of the notification