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|  **ANEXO 2 WHISTLEBLOWING CHANNEL FORM** |
| Name and surname of the Whistleblower* Position, Department or Area held at Europamundo (If employed)
* Indicate relationship with Europamundo
* Date since you have been associated with EMV
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| Name(s) and surname(s) of alleged offender(s)- Position |  |
| Communication of the incident* Date and time
* Place where events occurred
* Type of infringement/irregularity
* Personnel involved
* Other details
 |  |
| Witnesses |  |
| Attached Documentation | If yes, please describe the accompanying documentation: |
| Date: | Signature: |

1. Please complete each and every field of the form in BLOCK CAPITAL LETTERS.
2. Please, sign the form.
3. Once you have completed, printed and signed the form, please return it to the attention of the Europamundo Compliance Officer with the documentation, if any, that accompanies the complaint form.