This form allows internal employees and third parties to make an internal report to Taveirne NV. An internal report concerns, in a work-related context, breaches committed by Taveirne NV of European Union law or breaches that the Belgian legislator has added to the scope of application of the Belgian Whistleblower Act.

As a reporter, you can also choose to report anonymously. If you wish to keep your identity anonymous, you must indicate how Taveirne NV can contact you to provide the necessary feedback.

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| **Contact details of reporter (not to be filled in if anonymous)** |
| First name + surname:  |  |
| City: |  |
| Email: |  |
| Mobile phone number: |  |

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| **Contact details of the anonymous reporter (Choose how Taveirne NV may contact you)** |
| Email (can be a temporary (new) mail address)  |  |
| Mobile phone number: |  |

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| **The identified breach** |
| Date of the detected breach:  |  |
| Type of reporter: (customer, supplier, subcontractor,...)  |  |

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| **Breach of the following areas of the law (put a cross by the correct breach)** |
|  | Public procurement |
|  | financial services, products and markets, prevention of money laundering and terrorist financing |
|  | product safety and product conformity |
|  | transport safety |
|  | protection of the environment |
|  | radiation protection and nuclear safety |
|  | food and feed safety; animal health and welfare |
|  | public health |
|  | consumer protection |
|  | protection of privacy and personal data, and security of network and information systems |
|  | offences against the financial interests of the European Union; |
|  | internal market infringements (competition and state aid; corporate tax infringements; constructions aimed at unfairly obtaining a tax advantage |
|  | combating tax fraud |
|  | combating social fraud |

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| **Description of the breach and the persons involved:** |
|  |
| **Your role or involvement in the reported breach:** |
|  |
| **The contact details of any witnesses:** |
|  |
| **Have you already reported the breach to any other authority?** |
| No, why not? |
| If yes, which authority? |
| **Any evidence you can send me with the mail and describe below:** |
|  |

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| --- | --- |
| Date of report: : |  |
| If not anonymous, signature of reporter: |  |