

#smartns	IMS	CODE: F.29.01
	<b>Whistleblowing Report</b>	VERSION: 01
AUTHOR: QUALITY AWARD	VERSION DATE: 05/06/2026	APPROVED BY: SMART NS

Smart NS encourages employees, contractors, suppliers, and other stakeholders to report any suspected or actual misconduct, bribery, corruption, fraud, unethical behavior, information security violations, privacy breaches, or other violations of laws, regulations, or company policies.

**Reports may be submitted anonymously.**

**Smart NS strictly prohibits retaliation against any person who makes a report in good faith.**

Reports may be submitted to: [ramr@smartns.com](mailto:ramr@smartns.com)

<b>Date:</b>	
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WHISTLEBLOWER INFORMATION (OPTIONAL)	
Employee Name	
Phone Number	
Email Address	
Relationship with Smart NS:	Please Choose
<i>In case of other please specify:</i>	

SECTION A: REPORT	
REPORT CATEGORY	
Please select	
<i>In case of choosing "other", please name the type of violation:</i>	

DESCRIPTION	
<i>Please provide more information about the incident: What / when / where it occurred, how you became aware of the incident etc.</i>	
Name or Names of the person / people involved:	
Department:	
Business Associate / Third Party Involved? <i>(If Yes, provide details)</i>	
Witnesses (Name / Department)	
Did you take any action?	

EVIDENCE ATTACHED		
<i>Please do not forget to attach or provide any further evidence. Evidence attached:</i>		Notes:
Email Records:	Please select	
Screenshots:	Please select	
System Logs:	Please select	
Photos:	Please select	
Documents:	Please select	
Other:		

CONFLICT OF INTEREST
<i>Do you believe a personal, financial, family, or business relationship influenced a decision?</i>

COMMENTS

SECTION B – ADDITIONAL INFORMATION FOR BRIBERY, CORRUPTION, FRAUD OR CONFLICT OF INTEREST REPORTS		
<i>(Complete this section only if the report concerns bribery, corruption, fraud, improper gifts or hospitality, conflict of interest, facilitation payments, money laundering, or any Anti-Bribery Policy violation.)</i>		
BRIBERY / CORRUPTION DETAILS		
Was anything of value offered, promised, requested, authorized, given, or received?		<i>If yes please provide more information (type of offering, Estimated Value (€))</i>
Purpose or Expected Benefit:		
Did the activity appear intended to influence a business decision?		<i>If yes please provide more information.</i>

SECTION C – DECLARATION
By sending this report, I declare that the information provided in this report is true and accurate to the best of my knowledge and is submitted in good faith.