

Whistleblowing reporting form

Reporting a breach of national and/or Union law

PRELIMINARY INFORMATION

The purpose of this form is to report, confidentially and in good faith, information or reasonable suspicions about breaches, including potential breaches, of national laws and/or directly applicable European provisions, which have occurred or are likely to occur within CNAP.

Please complete this form and send it together with any relevant supporting documents

- by post, mentioning "strictly confidential" to CNAP, Attn. Whistleblowing officer, L-2096 Luxembourg

YOUR CONTACT DETAILS

Your relationship with CNAP:

Other:

First name:

Last name:

E-mail address:

Telephone:

EVENT DESCRIPTION

Date of event:

Person(s) concerned by the event:

Description of the event:

Have you already declared the event? yes no

If yes, to whom?

Please enclose a copy of your identity card or passport!
