



“INVESTBANK” AD with headquarters and address of management: Bulgaria, Sofia, Triaditsa district, Bulgaria Blvd. No. 85

Registration index and date
...../.....

(to be completed by the official responsible for the receipt and registration of the report)

REPORT REGISTRATION FORM

FOR THE SUBMISSION OF INFORMATION ON BREACHES UNDER THE WHISTLEBLOWER PROTECTION ACT

IMPORTANT! Please read the instructions on pages 5 and 6 before completing the form.

To be completed by the official receiving the report	
METHOD OF SUBMISSION	
<input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL <input type="checkbox"/> IN PERSON <input type="checkbox"/> VIA A PROXY	
DETAILS OF THE OFFICIAL RECEIVING, ACCEPTING AND REGISTERING THE REPORT	
Name	<input type="text"/> (forename, middle name and surname)
Position	<input type="text"/>
Workplace	<input type="text"/>
BULSTAT/UIC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

To be completed by the person submitting the report if they are using the form as a template for the report	
PART I. DETAILS OF THE PERSON SUBMITTING THE REPORT	
Name	<input type="text"/> (forename, middle name and surname)
CONTACT DATA	
Region	<input type="text"/>
Location	<input type="text"/>
Mailing Address	<input type="text"/>
Telephone	<input type="text"/>
e-mail (if available)	<input type="text"/>

3. DESCRIPTION OF THE BREACH (specific data on the breach or of the genuine risk of the occurrence of such a breach)

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4. LIST OF THE ATTACHED EVIDENCE

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PART IV. PERSONS OTHER THAN THE PERSON SUBMITTING THE REPORT WHO NEED PROTECTION*(if known at the time when the report is submitted)*

<input type="checkbox"/>	persons assisting the person submitting the report in the course of the process;
<input type="checkbox"/>	persons related to the person submitting the report ² who could be subjected to retaliation as a result of the report;
<input type="checkbox"/>	legal entities in which the person submitting the report has an equity participation, for which they are working or to which they are related in any other way in a work context.

LISTING/IDENTIFICATION OF THE PERSONS TO BE GRANTED PROTECTION

CAPACITY OF THE PERSON <i>(a colleague, a relative – without limitation in degrees, a legal entity in which the person submitting the report has an equity participation, for which they are working or to which they are related in any other way in a work context)</i>	<input style="width: 100%;" type="text"/>
Name (for natural persons)	<input style="width: 100%;" type="text"/> (forename, middle name and surname, if known)
Name of the legal entity	<input style="width: 100%;" type="text"/> BULSTAT/UIC <input style="width: 100px; height: 15px;" type="text"/> Represented by <input style="width: 100%;" type="text"/>

CONTACT DATA

	Location	<input style="width: 100%;" type="text"/>
	Mailing Address	<input style="width: 100%;" type="text"/>
	Telephone	<input style="width: 100%;" type="text"/>
	E-mail (if any)	<input style="width: 100%;" type="text"/>

PART V. PERSONS WHO CAN CONFIRM THE REPORTED DATA OR CAN PROVIDE FURTHER INFORMATION

Name (for natural persons)	<input style="width: 100%;" type="text"/> (forename, middle name and surname, if known)
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² Under §1, item 9 of the Further Provisions of the Whistleblower Protection Act, “persons related to the whistleblower (person submitting the report)” means third persons who could be subjected to repressive retaliation in a work context, as colleagues or relatives – without limitation in degree.

Name of the legal entity	<input style="width: 100%;" type="text"/> BULSTAT/UIC <input style="width: 100%; height: 15px;" type="text"/> Represented by <input style="width: 100%;" type="text"/>
CONTACT DATA	
Location	<input style="width: 100%;" type="text"/>
Mailing Address	<input style="width: 100%;" type="text"/>
Telephone	E-mail (if any)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

INVITATION TO THE PERSON SUBMITTING THE REPORT TO SIGN THE DOCUMENT
 (to be marked by the official receiving and registering the report)

ACCEPT REFUSE

THE REPORT WAS RECEIVED AND REGISTERED BY:

.....
(name of the official)

POSITION:

DATE:

SIGNATURE:

PERSON SUBMITTING THE REPORT/PROXY:

.....
(name)

DATE:

SIGNATURE:

THE SUBMISSION OF REPORTS OR THE PUBLIC DISCLOSURE OF FALSE INFORMATION IS SUBJECT TO ADMINISTRATIVE CRIMINAL LIABILITY UNDER ARTICLE 45 OF THE WHISTLEBLOWER PROTECTION ACT.