

ANONYMOUS REPORTING FORM - SUPPLIER CODE OF CONDUCT -

1. PURPOSE OF THE FORM

This form allows you to anonymously and securely report any conduct that does not comply with Intersand's Supplier Code of Conduct or ethical values. The report may concern a supplier, Intersand, or one of its subsidiaries.

2. CONFIDENTIALITY AND PROTECTION

Your report will be handled confidentially and in accordance with the *Act Respecting the Protection of Personal Information in the Private Sector*. No information that could be used to identify you is required.

3. TYPE OF SITUATION REPORTED (select all that apply) *
☐ Violation of human rights or ethical labor practices
\square Corruption, fraud, embezzlement, or conflict of interest
\square Safety, health, or environmental protection
\square Discrimination, harassment, or improper treatment
☐ Animal welfare
\square Non-compliance with a clause of the Supplier Code of Conduct
\square Other (please specify) :
4. LOCATION(S) OF THE INCIDENT (indicate all relevant locations) *
Specify the country, city, and, if applicable, the branch or site:
5. PERSON(S) OR ENTITY(IES) INVOLVED *
☐ A supplier or subcontractor
☐ Intersand or a subsidiary
□ Both
\square Other (please specify) :

^{*} indicates required fields.



Briefly explain :	
6. DESCRIPTION OF THE SITUATION *	
 Clearly describe the facts. Add any relevant information: What happened (description of actions or behaviors, circumstances) The people or entities involved (if known) 	
7. SOURCE OF INFORMATION*	
How did you become aware of this situation?	
☐ Personal observation	
\square Information obtained from a reliable third party	
☐ Internal Rumor	
□ Other (please specify):	
continued next page]	

* indicates required fields.



8. FREQUENCY OF THE INCIDENT *
☐ A single event
□ Several times
☐ Ongoing
☐ I don't know
Briefly explain:
9. DURATION OR TIMING OF THE INCIDENT *
Less than one week ago
□ Between 1 and 4 weeks ago□ Between 1 and 3 months ago
☐ More than 3 months ago
☐ I don't know
- radii e kilow
If possible, specify the dates or period:
10. PRIOR REPORT*
Have you already informed someone at Intersand or at a supplier about this matter?
☐ Yes
□ No
☐ I don't know
If yes, specify whom or which department:
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st indicates required fields.



11. ACTIONS ALREADY TAKEN *

Have any actions been taken to address the issue?
☐ Yes
□ No
☐ I don't know
Briefly describe (if applicable):
12. ATTACHMENTS (optional)
Attach any relevant document, photo, or evidence.
☐ No attachment to submit
☐ Attachment(s) to submit
If applicable, upload or indicate the documents, files, or items supporting your report to
regulatory@intersand.com
13. ANONYMITY AND FOLLOW-UP *
Do you wish to remain anonymous?
\square Yes, I wish to remain completely anonymous.
\square No, I agree to be contacted for a confidential follow-up.
If you answered no, please provide an email address at which you can be contacted securely (optional). A
confidential code may be sent to you so that you can view the follow-up on your case:
14. GOOD FAITH DECLARATION*
☐ I confirm that the information provided is accurate to the best of my knowledge and submitted in good
faith.

^{*} indicates required fields.



15. PROCESSING OF THE REPORT

Your report will be reviewed by the Regulatory Affairs Officer or by an independent third party appointed for this purpose. No retaliatory action will be tolerated against any person who submits a report in good faith.

FORM ACCESSIBILITY

This form may be submitted:

 By confidential mail sent to the following address and marked "Confidential": regulatory@intersand.com