

REGULATIONS ON INTERNAL REPORTING

Irregularity Report Form

at Extral Sp. z o.o., with its registered office in Zory

Person(s) concerned by the report

(please indicate the full name of the natural person, the name of the legal entity, or the organizational unit related to the breach of law; you may provide details for multiple persons, including their position, department, or unit, or if this information is not known, the department or unit where the person connected with the breach of law is employed)

Indication of irregularities:

(please describe the irregularities, what they consist of or may consist of, how they occurred, and for what reason/by whom. Please indicate the approximate date/period and location of the breaches, as well as the potential losses and risks for the Company or other persons)

Documents and evidence relevant to the case:

Whistleblower's details

Preferred method of feedback contact with the Whistleblower:

e-mail:

Mailing address :

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