

NOTIFICATION FORM FOR VIOLATION

of the law

and/or the procedures applicable in the Polpharma Group,
such as the Code of Ethics or the Global Compliance Policy

Thank you for reporting a violation you have noticed. The form below contains all the information necessary to process your report.

Please provide as many **detailed and accurate** data as possible in order to allow us to carefully analyse the described incident and help us solve the problem.

Before we ask you to describe the incident, please read the Information Clause on the processing of your personal data.

INFORMATION CLAUSE**Information about the Personal Data Controller**

In accordance with Regulation (EU) 2016/679 of the European Parliament and the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data on the free movement of such data and the repeal of Directive 95/46/EC (General Data Protection Regulation; hereinafter: GDPR), we inform that:

[Personal Data Controller and Data Protection Officer, Contact Details]

1. The Controller of your personal data is the company of the Polpharma Group covered by the notification of suspected violation of the law, the Code of Ethics or the Global Compliance Policy of the Polpharma Group, i.e:

1.1. Warszawskie Zakłady Farmaceutyczne Polfa S.A. with its registered office in Warsaw (01-207), Karolkowa Street 22/24, inscribed in the Register of Entrepreneurs of the National Court Register under number 0000147193, District Court for the Capital City of Warsaw, XII Commercial Division of the National Court Register, NIP 5250000481, REGON 000043937, share capital: PLN 230,000,000, fully paid up; and

1.2. Zakłady Farmaceutyczne "Polpharma" S.A. with its registered office in Starogard Gdański (83-200), Pelplińska Street 19, entered into the Register of Entrepreneurs of the National Court Register under number 0000127044, District Court for Gdańsk-Północ in Gdańsk, 7th Commercial Division of the National Court Register, NIP 5920202822, REGON 190929369, share capital: PLN 100,207, fully paid up;

(each individually hereinafter referred to as the "Controller").

2. Contact with the Controller is possible in writing - at the address indicated in points: 1. (above) and 2. (below).

3. The Controller has appointed a Data Protection Officer whom you may contact in all matters concerning personal data protection by writing to the address: Data Protection Officer Zakłady Farmaceutyczne POLPHARMA S.A. (contact details) Bobrowiecka 6 Street, 00-728 Warsaw or at the e-mail address iod@polpharma.com or by phone at + 48 22 364 63 11.

[Purpose and legal basis for personal data processing]

4. Your personal data will be processed for the purposes of:

4.1 fulfilling the Controller's legal obligations in the form of collecting Notifications in order to prevent a crime from being committed and to respond to unlawful activities - on the basis of Article 6(1)(c) of the GDPR in connection with Article 304§1 of the Act of 6 June 1997. Criminal Procedure Code, Articles 201§1 and 368§1 of the Act of 15 September 2000. Commercial Companies Code and Article 3 of the Act of 28 October 2002. Act on liability of collective entities for acts prohibited under penalty;

4.2 communication with you in relation to your message sent via the contact form - on the basis of Article 6(1)(f) of the GDPR, i.e. on the basis of a legitimate interest pursued by the Controller, which is communication with the person who initiated the contact with the Controller;

4.3 possible determination, investigation or defence of claims between you and the Controller - on the basis of Article 6(1)(f) GDPR, i.e. on the basis of a legitimate interest pursued by the Controller, which is the possibility to assert claims.

5. Your personal data will not be processed in automated mode, including in the form of profiling.

6. Providing personal data is voluntary, but necessary to make contact with the Controller (failure to provide data results in the Controller's inability to respond).

[Categories of recipients of personal data]

7. Your personal data may be disclosed to the following entities: Polpharma Group entities, including Zakłady Farmaceutyczne Polpharma S.A. with its registered office in Starogard Gdański, and Warszawskie Zakłady Farmaceutyczne Polfa S.A. with its registered office in Warsaw, for the purpose of responding to requests sent via the form), IT service providers, entities providing advisory, legal services.

8. Your personal data may be disclosed to a lawyer or legal adviser who, on the basis of a contract with an entity from Polpharma Group, is entitled to process such data and gives a guarantee of lawful processing of personal data and who is bound by statutory secrecy.

9. Your personal data may be disclosed to entities and authorities authorized by law to process such data.

10. The Controller does not intend to transfer your personal data to countries outside the European Economic Area or to an international organisation.

[Data retention period]

11. Personal data processed on the basis of Article 6(1)(c) and (f) of the GDPR will be processed until the end of the Verification Proceedings, and in the case of establishing the existence of an Incident contrary to the law, the provisions of the Code of Ethics or the principles of the Global Compliance Policy of Polpharma Group until the expiration of the statute of limitations for employee or contractual liability or until the end of criminal proceedings or other administrative or judicial proceedings related to this liability.

12. After the expiry of the above period, personal data will be kept until the expiration of the statute of limitations for possible claims.

[Rights]

13. You have the following rights: the right of access to data concerning you, the right to rectification, erasure, restriction of processing, the right to object to processing, the right to data portability.

14. In order to exercise the rights mentioned above, please contact the Controller or the Data Protection Officer (contact details indicated above).

15. Furthermore, you have the right to lodge a complaint to the data protection supervisory body (President of the Office for Personal Data Protection), if you believe that the processing of your data violates the GDPR.

Description of the incident, including place, time and circumstances of the violation

IMPORTANT: We need answers to at least 3 of the following questions to accept and process your application.

What happened?

Please see the below list to help you clarify your description of the violation:

* theft of Polpharma Group assets * corruption activities * influencing the procurement process * conflict of interest * falsification of documents * violation of employee rights * anti-competitive activities * violations related to the promotion and sale of Polpharma Group products * violation of intellectual property rights * environmental pollution * violation of health and safety regulations * violation of product safety and quality regulations * other

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Where did the incident take place?

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When (approximately) did the incident occur/how long did it last?

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Is there a threat to human life and safety as a result of the violation?

YES NO

Are you able to identify the offender(s)?

YES NO

Indicate the offender(s).

(if you do not know their identity, provide other information useful for their identification)

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In which Polpharma Group company is the offender employed?

In which external entity is the offender employed?

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How did the incident occur / what was the offender(s) operating mechanism?

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Why did the incident occur, what might have been the motive of the offender(s)?

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What tools (including electronic, e.g. systems) were used?

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Indicate people who can confirm the incident happened, witnessed it, or otherwise have a connection to the violation:

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Do you wish to provide any additional information to help clarify the case?

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Are you an employee or associate of the Polpharma Group company?

YES NO

Have you already used other forms/methods to report a violation? If so, which ones and with what result.

Your name, surname and contact information (e.g. e-mail, phone):

You do not have to fill in this box. Please note, however, that your data:

- are confidential,
- will enable us to keep you informed of the investigation and its outcome,
- **may help us clarify the case.**
