



Grievance form

Contact details:

Name and surname.....

Contact e-mail or telephone number.....

Relation to SAFINA: customer supplier employee other

Grievance form of suspected violation of SAFINA's policies or applicable laws should contain detailed information, so SAFINA can immediately start investigation without any delay.

Brief description of the event and identification of the event:

Date and time:.....

Place.....

Please specify what you see as a violation of the SAFINA's policies, or a violation of applicable laws, or provide a description of the activity You consider as a breach of company's policy or laws

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Is available any document or any other other evidence of a breach SAFINA's policy or breach of any applicable law? Or is available other sources which may support evidence of described facts

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Signature..... Date and place

Completed form accompanied by other relevant documents send via e-mail to: responsiblegold@safina.cz; cco@safina.cz; daniel.chvatal@safina.cz, or by post to the address: Compliance officer, SAFINA, a.s., Vídeňská 106, 252 50 Vestec, Czech Republic. To pass Grievance form You can also use any of SAFINA's our stores..