## Standard whistleblowing form to be submitted before the company Aldesa Construcciones, S. A.

| I. Whistleblower                                                                                                                                                                                                                                           |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Victim of harassment:                                                                                                                                                                                                                                      |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Other (please specify):                                                                                                                                                                                                                                    |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| II. Details of the victim of harassment                                                                                                                                                                                                                    |                                                                   |
| Name:                                                                                                                                                                                                                                                      |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Surnames:                                                                                                                                                                                                                                                  |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| DNI:                                                                                                                                                                                                                                                       |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Position:                                                                                                                                                                                                                                                  |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Type of contract/employment relationship:                                                                                                                                                                                                                  |                                                                   |
| Type of contract, employment relationship.                                                                                                                                                                                                                 |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Telephone:                                                                                                                                                                                                                                                 |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Email:                                                                                                                                                                                                                                                     |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Address for notification purposes:                                                                                                                                                                                                                         |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| III. Details of the aggressor                                                                                                                                                                                                                              |                                                                   |
| Full name:                                                                                                                                                                                                                                                 |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Group/professional category or position:                                                                                                                                                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Maril                                                                                                                                                                                                                                                      |                                                                   |
| Work centre:                                                                                                                                                                                                                                               |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Company name:                                                                                                                                                                                                                                              |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| IV. Description of the facts                                                                                                                                                                                                                               |                                                                   |
| Please describe the reported facts, using as many numbered pages as necessary and indicating the date of occurrence (whenever possible):                                                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| V. Witnesses and/or evidence                                                                                                                                                                                                                               |                                                                   |
| If there are witnesses, please provide their full name:                                                                                                                                                                                                    |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Please attach any means of evidence deemed necessary (indicating which):                                                                                                                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| VI. Request                                                                                                                                                                                                                                                |                                                                   |
| May this harassment complaint or report be deemed as filed (PLEASE SPECIFY WHETHER IT IS SEXUAL HARASSMENT OR HARASSMENT ON THE GROUNDS<br>OF SEX) against (IDENTITY OF AGGRESSOR) in order to commence the procedure foreseen in its applicable protocol: |                                                                   |
| ישטער איז                                                                                                                                                                                                              |                                                                   |
|                                                                                                                                                                                                                                                            |                                                                   |
| Place and date:                                                                                                                                                                                                                                            | Signature of the interested party:                                |
|                                                                                                                                                                                                                                                            |                                                                   |
|                                                                                                                                                                                                                                                            | ablewing proceedings to fight sexual barassment and/or barassment |

To the attention of the Examining Committee in charge of whistleblowing proceedings to fight sexual harassment and/or harassment on the grounds of sex at the company Aldesa Construcciones, S. A.

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