

# Whistleblowing written reporting form

#### **Instructions**

## This form can be used by:

- employees (including trainees and volunteers)
- former employees (where information on breaches has been acquired during work-based relationship with ING)
- · candidates (where information on breaches has been acquired during the recruitment process or other precontractual negotiations)
- (persons working under the supervision and direction of) contractors, subcontractors
- (persons working under the supervision and direction of) suppliers
- shareholders and persons belonging to the administrative, management or supervisory body

of ING Luxembourg and its subsidiaries (hereinafter "we" or "ING") to report confidentially, in good faith, information or reasonable suspicions about actual or potential breaches of Luxembourg laws and/or directly applicable EU regulations, which occurred or are very likely to occur within the ING and the attempts to conceal such breaches (hereinafter the "concern(s)" or "breach(es)".

#### Please complete this form and send it:

- via email to whistleblower@ing.lu, or
- via post to ING Luxembourg SA, Attn.: Chief Compliance Officer 26, Place de la Gare, L-2965 Luxembourg.

After your confidential report has been received by ING, an acknowledgement of receipt will be sent within 7 days via the contact details you to be provided in Section 1 below. Based on the provided information, the reported breach will be investigated. Often, follow-up contact is needed for further clarification. An update on the follow-up of the concern will be shared within three months after the ING's acknowledgement of receipt. We will take the utmost care to protect your identity and the confidentiality of your report, within the limits defined by applicable laws and regulations.

Please do not use this form for customer complaints against the ING (please follow the process described here instead).

| 1. Your details                                        |                                         |
|--------------------------------------------------------|-----------------------------------------|
| First name(s):                                         |                                         |
| Surname:                                               |                                         |
| Email:                                                 |                                         |
| Phone number:                                          |                                         |
| (Employee                                              |                                         |
| What would be the most convenient time to cor  Morning | Afternoon I do not want to be contacted |

Under the supervision by the "Commission de Surveillance du Secteur Financier" (CSSF), 283 route d'Arlon, L-2991 Luxembourg.





| 2. Allegation details                         |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have you already discussed If yes, with whom? | Discrimination Harassment Sexual intimidation/harassment Bullying Violence Aggression Accounting controls or auditing matters Financial crime Fraud / Theft Market abuse / Insider trading Breach of confidentiality and data privacy Bribery /Corruption Conflicts of Interest Anti-trust / Competition law Retaliation Mis-selling Other breach of relevant Luxembourg law or (EU) regulation d your concern with somebody else?  Yes No |
| Is the management of ING                      | aware of the breach? Yes No I do not know                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                               | ceal this breach? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                   |
| If yes, who?                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Were you present when the                     | e breach occurred? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                  |





| Is there a threat to your personal safety, or do you fear retaliation as a result of making this report?  Yes No |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| If so, please elaborate by stating who may retaliate and why:                                                    |  |  |  |  |  |
|                                                                                                                  |  |  |  |  |  |
| 3. Perpetrator details                                                                                           |  |  |  |  |  |
| Do you have any details of the perpetrator(s) of the breach?  Yes  No                                            |  |  |  |  |  |
| Perpetrator 1                                                                                                    |  |  |  |  |  |
| First name(s):                                                                                                   |  |  |  |  |  |
| Surname:                                                                                                         |  |  |  |  |  |
| Title / position: Office / branch:                                                                               |  |  |  |  |  |
| Department:                                                                                                      |  |  |  |  |  |
| Perpetrator 2                                                                                                    |  |  |  |  |  |
| First name(s):                                                                                                   |  |  |  |  |  |
| Surname:                                                                                                         |  |  |  |  |  |
| Title / position: Office / branch:                                                                               |  |  |  |  |  |
| Department:                                                                                                      |  |  |  |  |  |
|                                                                                                                  |  |  |  |  |  |
| 4. Customer/supplier details                                                                                     |  |  |  |  |  |
| Are any customers / suppliers involved?                                                                          |  |  |  |  |  |
| Yes - customer(s) Yes - supplier(s)                                                                              |  |  |  |  |  |
| No                                                                                                               |  |  |  |  |  |
| Entity / company name:                                                                                           |  |  |  |  |  |
|                                                                                                                  |  |  |  |  |  |
| Supplier / customer number in entity / company database:                                                         |  |  |  |  |  |





| 5. Details of the breach                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In which city / branch did the incident take place?                                                                                                                                                     |
| In which department / business unit / team did the breach take place ?                                                                                                                                  |
| Approximate date or period when the breach took place, or will take place in the future:                                                                                                                |
| Time when the breach will take / took place?                                                                                                                                                            |
| Is the breach ongoing?  Yes No                                                                                                                                                                          |
| Describe the breach in as much detail as possible:                                                                                                                                                      |
|                                                                                                                                                                                                         |
| Are you in possession of and evidence or supporting documents that you would like to add to this report?  Yes No                                                                                        |
| If yes, how would you like to provide us with these documents?  By email (whistleblower@ing.lu)  By post (ING Luxembourg SA, Attn.: Chief Compliance Officer - 26, Place de la Gare, L-2965 Luxembourg) |
| How was the breach identified?                                                                                                                                                                          |
|                                                                                                                                                                                                         |
| 6. Details of potential witnesses                                                                                                                                                                       |
| Would you like to declare any witnesses related to the breach?  Yes No                                                                                                                                  |
| First name(s): Surname: Surname: Title / position: Office / branch: Department: Company:                                                                                                                |





#### 7. Declaration

### By submitting this report:

- 1. You confirm that the above information is reported in good faith and is true and correct to the best of your knowledge. In line with the local applicable law, in particular the law of 16 May 2023 implementing Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons who report breaches of Union law, the author of a report who has knowingly reported false information may be subject to a prison sentence of eight days to three months and a fine of 1,500 euros to 50,000 euros and may be held civilly liable. If employed by ING, a Whistleblower who has not acted in good faith by knowingly reporting false information may also be subject to disciplinary action(s).
- 2. You understand that your identity will not be disclosed to anyone beyond the authorised staff members competent to receive or follow up on reports, without your explicit consent. However, by way of derogation, your identity and any other information related to your report may be disclosed when required in connection to a necessary and proportionate obligation imposed by the amended law of 8 June 2004 on Freedom of expression in the media or by European Union law in the context of investigations carried out by national authorities or judicial proceedings, notably with a view to safeguarding the rights of defence of the perpetrator(s)/person(s) concerned by your report. In this scenario, you will be informed by the competent authority before your identity is disclosed, unless such information would jeopardise the related investigations or judicial proceedings.
- 3. You understand that submitting a fully anonymous report will prevent ING to provide you with an acknowledgment of receipt within 7 days and a feedback within 3 months.
- 4. You understand that you will benefit of protection against any form of retaliation, including threats of retaliation and attempts of retaliation which may arise in connection with your report submitted in good faith, in line with the local applicable law.
- 5. You understand that the submission of this report does not prevent you to report the breach also to external reporting channels maintained by national competent authorities.

| Date and place: |  |  |
|-----------------|--|--|

## 8. Data protection

You are informed that the personal data collected by ING via this form (hereinafter the "personal data") will be processed in compliance with Regulation (EU) 2016/679 of 27 April 2016 on the protection of personal data and the free movement of such data (hereinafter the "GDPR") and with the Privacy Statement that applies to you based on your relationship with ING (employee, former employee, individual related to a contractor, supplier, etc.). The relevant Privacy Statement is available on the website <a href="https://www.ing.lu">www.ing.lu</a> or on our intranet (hereinafter the "Privacy Statement"). We will use the personal data to either comply with legal obligations and statutory requirements, namely, the law of 16 May 2023 implementing Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons who report breaches of Union law, or on the basis of your consent as foreseen by the

You have a number of rights in relation to the personal data including a right to access, rectify and, where appropriate, block your personal data, which may be exercised in accordance with the relevant Privacy Statement.

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