



WHISTLEBLOWING POLICY

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Approved by the BoD Decision No. 891/12-5-2025



**ATHENS MEDICAL
GROUP**

CONTENTS

1. INTRODUCTION – REGULATORY FRAMEWORK.....	3
2. DEFINITIONS.....	4
3. SCOPE OF APPLICATION.....	5
4. PURPOSE AND GENERAL PRINCIPLES OF THE POLICY	5
5. SUBJECT OF REPORTS/COMPLAINTS	5
6. PROCEDURE FOR SUBMITTING AND RECEIVING REPORTS / COMPLAINTS	6
5. ACTIONS FOR FOLLOWING UP OF REPORTS/COMPLAINTS	8
8. PROTECTION OF THE WHISTLEBLOWERS AND REPORTED PERSONS	9
9. CONFIDENTIALITY AND PROTECTION OF PERSONAL DATA.....	10
10. INFORMATION ON THE WHISTLEBLOWING POLICY	12
11. APPROVAL AND REVISION OF THE WHISTLEBLOWING POLICY	12
ANNEX I: HISTORY OF THE ENTRY	13

1. INTRODUCTION – REGULATORY FRAMEWORK

Law 4990/2022 (Government Gazette 210/11.11.2022) incorporated into Greek law "DIRECTIVE 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" (hereinafter "Law," "Directive").

The European Parliament and the Greek legislature, having assessed that persons working in a public or private organisation or who come into contact with such an organisation in the course of their work are often the first to discover breaches of the law and, therefore, threats or damage to the public interest, recognised the importance of establishing channels for reporting breaches of the law and ensuring balanced and effective protection for those persons who become aware of illegal or unethical conduct.

In order to protect persons who report violations of European Union law, the above Directive and the Law established a special procedure/ system of channels - internal and external reporting of violations of Union law, which must be implemented by all public and private law entities employing more than 50 employees.

The internal reporting channel is defined as the specially authorized person, the Report Receipt and Monitoring Officer (RRMO), while the external reporting channel is defined as the National Transparency Authority (NTA).

The "IATRIKO ATHINON" Group of Companies (hereinafter referred to as the "Group"), faithful to its commitment to ensuring the highest standards of ethical and professional conduct among its executives, employees, and suppliers, "Group"), faithful to its commitment to ensuring the highest level of ethical and professional conduct of its executives, employees, suppliers, and third-party partners, as well as integrity, transparency, and accountability within the Group, has appointed a Regulatory Compliance Officer and has developed and implemented this POLICY in compliance with the law and to reinforce its zero tolerance for illegal and irregular actions.

This POLICY applies to all Group Companies and concerns all persons related to the Group, as specifically mentioned in paragraph 3.

This POLICY is posted on the corporate intranet and is freely accessible to all Group employees.

The Group guarantees that any bona fide, anonymous or named report/complaint regarding irregularities, omissions, unethical and illegal behavior that has come to the attention of executives, staff, suppliers, or others associated with the Group will be taken seriously and examined objectively, with full protection for the whistleblowers from any risk of retaliation and for the personal data of all parties involved.

2. DEFINITIONS

- a) "Report/complaint": the verbal or written provision of information regarding violations or unethical behavior within the Group, addressed to the Group's Report Receipt and Monitoring Officer (RRMO).
- b) "Reported": the natural or legal person named in the report/complaint as the person to whom the violation is attributed or who is related to the person to whom the violation falling within the scope of this POLICY is attributed.
- c) "Whistleblower": the natural person who provides or discloses information about violations that they have obtained in the course of their work.
- d) "Retaliation": any direct or indirect act or omission occurring within the employment context that causes or is likely to cause unjustified harm to the whistleblower or place them at a disadvantage and is related to their report/complaint.
- e) "Reporting channels": The means of communication/submission of the report/complaint referred to in paragraph 6 of this POLICY
- f) "Follow-up actions": any action taken by the recipient of the report to assess the accuracy of the allegations contained in the report and to address the reported violation (management, internal investigation).
- g) "Feedback": providing feedback to whistleblowers on the measures to be taken or taken in the context of follow-up and the reasons for this.
- h) "Report Management Committee": **A three-member committee consisting of the Report Receipt and Follow-up Officer, the Group's Legal Advisor, and the Head of Internal Audit as regular members, and:**
- **specifically for reports relating to incidents of violence and harassment at work in the Group's Clinics - a Five-member Committee consisting of:**
 - a) the Head of Report Receipt and Monitoring,**
 - b) the Company's Legal Advisor,**
 - c) the General Manager of each Clinic,**
 - d) the Group's Human Resources Director, and**
 - e) the Deputy Director or Head of Human Resources of each Clinic**
 - **specifically for reports relating to incidents of violence and harassment at work in the Group's companies (non-Clinics) - a Three-member Committee, consisting of:**
 - a) the person responsible for receiving and monitoring reports,**
 - b) the Company's legal advisor,**
 - c) the Group's Human Resources Director.**
- i) "Violations": acts or omissions that are irregular/illegal under EU law or contrary to the Regulations, policies, and procedures of the Group Companies, as indicatively referred to in paragraph 5 of this POLICY.

3. SCOPE OF APPLICATION

This POLICY and the possibility and obligation to submit reports/complaints concern:

- a) members of the Board of Directors, executives of the Group Companies and their shareholders
- b) all employees of the Group Companies, regardless of their employment relationship
- c) customers, suppliers, and others working with the Group companies (consultants, contractors, service providers, etc.)
- d) Any third party who possesses evidence or has reasonable suspicion/grounds for believing that illegal/irregular actions and omissions have been committed within the Group Companies.

4. PURPOSE AND GENERAL PRINCIPLES OF THE POLICY

4.1. The purpose of this POLICY is to define the principles, operating framework, and mechanism by which the Group receives, processes, investigates, and manages reports/complaints concerning any illegal and irregular actions, omissions, and unethical conduct within the Group's Companies.

4.2. This POLICY is based on the following fundamental principles:

- a) The creation of a reliable mechanism and clear procedure to ensure, support, and facilitate the submission of reports/complaints on issues that the reporting parties consider to be in good faith and well-founded, that the information regarding the reported violations was true.
- b) The protection of the anonymity and confidentiality of the personal data of whistleblowers/complainants, in accordance with applicable law.
- c) Protecting Group employees who report illegal or unethical behavior within the Group in good faith from any retaliation, unfair treatment, harassment, or marginalization due to the submission of the report/complaint.
- d) Investigating reports/complaints with due diligence, objectivity, transparency, conscientiousness, and without discrimination.
- e) Protecting those who report from possible negative consequences in the event of an unproven or malicious report/complaint.

5. SUBJECT OF REPORTS/COMPLAINTS

5.1. In accordance with the Directive and the Law, reports/complaints should be submitted if there is a reasonable and sincere belief that a criminal act, misconduct, or serious irregularity and/or omission of the Group's Regulations and Policies, or unethical behavior has been observed.

Indicatively, the above acts, omissions, misconduct, and behavior may relate to:

- a) Fraud, corruption, abuse of authority, misuse of Group Companies' resources, accounting and auditing violations
- b) Offering or accepting bribes, violation of the Ethics and Gifts Policy.

- c) Conflict of interest.
- d) Theft, embezzlement, forgery.
- e) Violation of Group Policies and Procedures with the risk of causing financial damage.
- f) Violations of safety, employee health, and environmental legislation.
- g) Inappropriate behavior, discrimination, intimidation, verbal abuse, violence and harassment, as defined in Law 4808/2021 and in the Group's and its Clinics' Prevention and Combating of Violence and Harassment in the Workplace Policy.
- h) Breaches of confidentiality and personal data protection.

5.2. This POLICY does not refer to or cover:

- Disagreements on issues relating to the policies and decisions of the Group Companies' Management.
- Personal issues and disagreements with colleagues or superiors.
- Rumors, references to sensitive personal data (ethnic origin, political opinions, sexual orientation, religious or philosophical beliefs, etc.).

6. PROCEDURE FOR SUBMITTING AND RECEIVING REPORTS / COMPLAINTS

6.1. Reporting/complaining about any illegal act, misconduct, omission, unethical and inappropriate behavior should always be made in good faith, within a reasonable time frame, be clear and contain the necessary information and details to enable its investigation.

1) Specifically, the report should include:

- a) The name of the person (persons) who committed the misconduct,
- b) The specific event that constitutes the illegal/irregular/unethical behavior, with reference to the place and time it took place and/or documents and other available information.

A reasonable period of time is considered to be:

- a) 12 months for matters relating to financial violations or having a financial impact, from the time they took place or were noticed
- b) a period of six (6) months for other matters without financial impact, concerning unethical/inappropriate behavior, from the moment they took place or were noticed.

2) The report/complaint may be submitted anonymously or under your name:

- a) Using the online platform at the following address:

<https://app.myethos.eu/mailbox/d979fa28-49d6-439f-a52e-dfb7306f23fb>, following the relevant instructions on the platform.

- b) Verbally, through a personal meeting with the Group's Report Receipt and Monitoring Officer (Y.P.P.A.), which meeting must be scheduled within three (3) working days, following a relevant request by the reporter. In the event of impediment, absence, or expiration of the term of office of the GR, she shall be replaced by Ms. ELENI CHARALAMBAKI (lawyer), deputy_yppa@iatriko.gr

c) in writing by sending an email to the following email address:

yppa@iatriko.gr

deputy_yppa@iatriko.gr

or alternatively to the email address: compliance@iatriko.gr

d) in writing by sending a letter to the following address:

Delphon and Sarantaporou 1, Marousi, Attica,

Attn: Regulatory Compliance Officer / Reports Receipt and Monitoring Officer – ERAKLEIA PEPPA
marked "CONFIDENTIAL"

3) The Y.P.P.A. is required to:

- a) Receive and acknowledge receipt of the report/complaint regarding violations falling within the scope of this POLICY within seven (7) business days from the date of receipt.
- b) To evaluate, in principle, the report/complaint submitted, in order to determine its significance and credibility, or to file it if it is incomprehensible or submitted abusively or does not contain facts that constitute a violation of Union law, or there are no serious indications of such a violation. If a decision is made to file the report/complaint for the above reasons, the Complaints Management Committee and the complainant are informed accordingly. If the complainant considers that the complaint has not been dealt with effectively, they may resubmit it to the National Transparency Authority (N.T.A.), which acts as an external channel for receiving reports/complaints.
- c) Immediately after the initial assessment of the seriousness and credibility of the report/complaint, convene the Reports Management Committee to investigate the report/complaint.
- d) Ensure the protection of the confidentiality of the identity of the reporter and any third party named in the report/complaint, preventing access to it by unauthorized persons.
- e) Monitor reports and maintain communication with the reporter and, if necessary, request further information from them.
- f) To provide the reporter with information on the actions taken within a reasonable period of time, which shall not exceed three (3) months from the date of acknowledgment of receipt, or if no acknowledgment has been sent to the reporter, three (3) months from the end of the seven (7) working days from the submission of the report.
- g) To carry out, with the assistance of the other members of the Committee, on an annual basis, a qualitative and quantitative analysis of the data from the reports/complaints, for the purpose of:
 - identifying any Departments/Units of the Group where there is a high frequency of reports/complaints
 - investigating the possible impact on other processes or units of the Group
 - investigate possibilities and submit proposals for corrective measures.
- h) Maintain a Register of Reports in paper and electronic form, complying with the necessary security specifications, as described in paragraph 9 of this POLICY. The Report Register shall record for each report/complaint the protocol number as an incoming document, the subject, the origin, details regarding the investigation of the report/complaint, and the final outcome of the investigation.

4) Reports/complaints and accompanying documents are stored (kept on file) for a reasonable and necessary period of at least five (5) years, which coincides with the statute of limitations for claims arising from tort, and in any case until the completion of any investigation or legal proceedings that may have been initiated as a result of the report against the reported person, the reporter, or third parties.

5) If the reporter requests a meeting with the Y.P.P.A. to submit a report, at this meeting, after informing the reporter, complete and accurate minutes must be kept in a stable and retrievable format, either by recording the conversation in a stable and retrievable format, or by taking accurate minutes of the meeting, which are drafted by the Y.P.P.A., giving the reporter the opportunity to verify, correct, and agree with the minutes of the meeting by signing them. If the reporter refuses to sign the minutes, the author of the minutes shall make a note of this.

5. ACTIONS FOR FOLLOWING UP OF REPORTS/COMPLAINTS

7.1. Reports submitted are handled by the Report Management Committee (hereinafter referred to as the "Committee"), to which reports/complaints are forwarded by the Group's Report Receipt and Monitoring Officer (Y.P.P.A.).

7.1.1. The main Reports Management Committee consists of three (3) members, namely the Y.P.P.A., the Group Legal Counsel, and the Head of Internal Audit as regular members.

Depending on the subject matter and/or the specific nature of the report/complaint, it may be forwarded to the head of the relevant Department and/or the head of the relevant Department may be invited to participate in the Committee. It is possible to request the assistance and professional support of other Group executives and/or external consultants, who are bound by the principles of confidentiality and discretion.

7.1.2. Specifically for reports of violence and harassment at work in the Group's Clinics, the Y.P.P.A. exercises the duties and responsibilities of the "Reporting Officer/Association," as provided for by Law 4808/2021, the "Prevention and Combating of Violence and Harassment in the Workplace Policy" of the Group and the Policies for the prevention and combating of violence and harassment in the workplace of each Clinic of the Group, which constitute an Annex to the Staff Work Regulations of each Clinic, while the management of reports submitted on these issues is carried out by a 5-member Committee, consisting of: a) the Report Receipt and Monitoring Officer (Y.P.P.A.), b) the Company's Legal Advisor, c) the General Manager of each Clinic, d) the Group's Human Resources Manager, and e) the Deputy Manager or Head of the Human Resources Department of each Clinic.

7.1.3. In the other Companies of the Group, the Committee for the management of reports of violence and harassment at work remains a three-member committee and consists of: a) the Report Receipt and Monitoring Officer, b) the Company's Legal Advisor, c) the Group's Human Resources Director.

7.2. The reports/complaints submitted are investigated by the relevant Committee within a reasonable period of time, which may not exceed thirty (30) days from the submission of the report/complaint. Any delay must be adequately justified. During the investigation of the report/complaint, the participation of at least two members of the Investigation Committee in the process is considered sufficient.

7.2.1. The results of the investigation of each report/complaint are recorded in relevant minutes, which are signed by all members of the Committee, under the responsibility of the Y.P.P.A.. The Regulatory Compliance Officer shall be informed of the results of the investigation of any serious report/complaint and, through him/her, the Board of Directors of the Group's parent company shall be informed through his/her reports.

7.3. When handling reports/complaints, the members of the Committee must:

- a) Perform their duties with integrity, objectivity, impartiality, transparency, and social responsibility.
- b) Respect and comply with the rules of confidentiality and secrecy regarding matters that come to their knowledge in the course of their duties.
- c) Refrain from handling specific cases, declaring a conflict of interest where applicable.

8. PROTECTION OF THE WHISTLEBLOWERS AND REPORTED PERSONS

8.1. According to the Law, any form of retaliation against persons who, in good faith, report/complain about illegal/irregular acts, omissions, and inappropriate/unethical behavior that they have become aware of, as indicated in paragraph 5 of this POLICY.

8.2. The Group guarantees that persons who submit reports/complaints in good faith will not suffer negative consequences (retaliation), such as:

- a) dismissal, termination, or other equivalent measures,
- b) demotion, omission or deprivation of promotion,
- c) removal of duties, change of workplace, reduction in salary, change in working hours,
- d) deprivation of training,
- e) negative performance evaluation or negative professional recommendation,
- f) reprimand, imposition of disciplinary or other measures, including financial penalties,
- g) coercion, intimidation, harassment or marginalisation,
- h) discrimination or unfair treatment,
- i) non-conversion of a fixed-term (or temporary) employment contract into a permanent one,
- j) non-renewal or early termination of a temporary employment contract,
- k) intentional harm, including reputational damage in particular via social media, or economic loss, including loss of business and loss of income
- l) inclusion in a blacklist, based on a sectoral or industry-wide formal or informal agreement, which may result in the individual being unable to obtain employment within the sector or industry in the future
- m) premature termination or cancellation of a contract for goods or services
- n) revocation or cancellation of a diploma or license
- o) referral for psychiatric or medical evaluation
- p) denial or deprivation of reasonable accommodation for persons with disabilities.

Whistleblowers who act in good faith are entitled to the same protection, even if the report later proves to be incorrect or unsubstantiated.

8.3. The persons concerned shall have the right to be informed of the misconduct, act, or omission of which they are accused and to be invited to defend themselves. The notification and invitation to defend themselves may be postponed until the Reports Management Committee has gathered the necessary evidence, if, in the reasoned opinion of the Committee, which is recorded in the investigation minutes, there is a serious risk of obstructing the investigation or losing evidence by informing the person concerned and summoning them to defend themselves.

8.3.1. The Reports Management Committee is not obliged to inform the reported person of the report made against them if it proves to be unfounded, in order to ensure industrial peace within the Group, unless there is a relevant legal obligation.

8.4. The identity of the person making the report remains confidential. In the case of reports that are clearly malicious or contain false or misleading information known to the reporting person, the Board of Directors of the Group's parent company may be informed so that further measures can be taken.

9. CONFIDENTIALITY AND PROTECTION OF PERSONAL DATA

9.1. Personal data and any information that directly or indirectly leads to the identification of the reporter shall not be disclosed to anyone other than the members of the Report Management Committee, unless the reporter consents to such disclosure.

9.2. The Group implements appropriate technical and organizational measures pursuant to Article 32 of the GDPR and adheres to the following security specifications for the receipt, monitoring, and storage/archiving of reports:

- a) Use of pseudonymization and/or encryption techniques for files containing personal data.
- b) Implementation of technical measures to ensure the confidentiality, integrity, availability, and resilience of processing systems and services on a continuous basis.
- c) Safeguarding the ability to restore the availability of and access to personal data in a timely manner in the event of a physical or technical incident, including, but not limited to, the creation of backup copies of reports, files, data, and records maintained in printed and/or electronic form.
- d) Adoption and implementation of procedures for the regular testing, assessment, and evaluation of the effectiveness of technical and organizational measures to ensure processing security, including the conduct and regular updating of a Data Protection Impact Assessment (DPIA) pursuant to Article 35 of the GDPR.
- e) Implementation of access control measures to ensure that personal data are accessible only to duly authorized and competent personnel of the Group.
- f) Training of relevant personnel on data protection and information security issues.

9.3. The identity of the whistleblower and any other information may be disclosed only in cases required by Union or national law, within the context of investigations conducted by competent authorities or judicial proceedings, and only to the extent that such disclosure is necessary for the purposes of the Law or for safeguarding the rights of defence of the person concerned.

9.4. Disclosures pursuant to paragraph 9.3 shall be made after the reporter has been informed in writing of the reasons for the disclosure of his identity and other confidential information, unless such information would undermine the investigations or judicial proceedings. Unjustified failure to provide such notification constitutes a disciplinary offense for those subject to disciplinary law.

9.5. Any processing of personal data is carried out in accordance with Regulation (EU) 2016/679 of the European Parliament (GDPR) on the protection of natural persons with regard to the processing of personal data, Law 4624/2019 (A' 137) and the Group's Personal Data Protection Policy, subject to the more specific provisions of the Law and more specific regulations concerning the processing of personal data by the competent authorities.

9.6. Any processing of personal data carried out by the Group as Data Controller within the framework of this POLICY is carried out in order to fulfill the obligation to establish reporting channels and take the necessary measures to monitor them in accordance with the Law. The information contained in the reports may be forwarded to the competent supervisory and investigative authorities, which may use it as evidence in administrative, civil, and criminal investigations and proceedings.

9.7. The Group, as the Data Controller, takes the appropriate technical and organizational measures so that, when submitting and monitoring reports, only the personal data that is strictly necessary and appropriate for the purposes of the Law and this POLICY is collected. Personal data that is clearly not related to the handling of a specific report, or is excessive or sensitive, is not collected, or if it has been collected accidentally, it is deleted without delay.

9.8. Notwithstanding the relevant provisions of paragraph 1 of Article 5, Articles 12 and 13, paragraphs 1 to 4 of Article 14 and Article 34 of the GDPR, no relevant information is provided regarding the processing of personal data to the person referred to and to any third party in their capacity as data subjects named in the report, or the personal data resulting from monitoring measures and, in particular, the source of origin pursuant to Article 14(2)(f) of the GDPR, in accordance with paragraph 5 of Article 14 of the GDPR, in conjunction with Article 23 of the GDPR, for as long as necessary and if deemed necessary for the purpose of preventing and countering attempts to obstruct the report, hinder, frustration, or delay of monitoring measures, in particular with regard to investigations, or attempts to identify the reporting persons, as well as for their protection against retaliation.

9.9. The Group, as Data Controller, may not satisfy the rights provided for in Articles 15 to 22 of the GDPR (right of access, right to rectification, right to erasure, right to restriction of processing, right to data portability, right to object, right to non-automated individual decision-making), when exercised by the persons referred to and third parties named in the report, or resulting from monitoring measures in accordance with the provisions of paragraph 9.8.

9.10. In cases of restriction of the rights of data subjects provided for in paragraphs 9.8 and 9.9. The Group, as the Data Controller, takes all necessary technical and organizational measures to protect the rights and freedoms of individuals. When the Group, as the Data Controller, refuses to satisfy the rights without informing the data subject of the reason for the restriction, the data subject has the right to lodge a complaint with the Personal Data Protection Authority.

(A.P.D.P.C. https://www.dpa.gr/index.php/el/polites/katagelia_stin_arxi), which can investigate whether the conditions for restricting rights are met and inform the data subject accordingly, provided that such information is not detrimental to the fulfilment of these purposes.

9.11. The Group, as the Data Controller, in the event of a personal data breach, does not notify the data subject in accordance with paragraph 1 of Article 34 of the GDPR, if such notification may be detrimental to the purposes of the Law, and informs the Hellenic Data Protection Authority (HDPa) accordingly, which may, after investigating the reasons invoked, request that the notification be made if it considers that the conditions for omitting the notification are not met.

10. INFORMATION ON THE WHISTLEBLOWING POLICY

This POLICY is published on the Group's Intranet, which is accessible to all Group employees.

The Y.P.P.A. must ensure that all Group employees have been informed about the content of this POLICY, their rights and obligations in its implementation, as well as the procedures according to which reports can be submitted externally to the competent authorities. Employees should be informed at regular intervals through the sending of information material, e-mails, training activities, seminars, and other appropriate means of communication.

11. APPROVAL AND REVISION OF THE WHISTLEBLOWING POLICY

This POLICY was initially approved by the Board of Directors of the Group's parent company with its Decision dated 20-02-2024, revised with its Decision dated 30/05/2024 (Minutes No. 848) and by its Decision dated 12/05/2025 (Minutes No. 891).

This POLICY is reviewed on an annual basis and revised whenever necessary in accordance with applicable law and under the responsibility of the Chief Financial Officer and/or the Chief Compliance Officer.

ANNEX I: HISTORY OF THE ENTRY

Date of Issue/Revision	Issue Number	Details of Changes	Approval	Date
20-02-2024	1st		Board	20-02-2024
30/05/2024	2nd	Revision	Board of Directors 848	30/05/2024
12/5/2025	3rd	Revision	Board of Directors 891	12/5/2025

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