



Whistleblowing contact form

Reporting a breach of national and/or Union law

PRELIMINARY INFORMATION

The purpose of this form is to report, confidentially and in good faith, information or reasonable suspicions about breaches within a **professional context**, including potential breaches, of national laws and/or directly applicable European provisions, which have occurred or are likely to occur within FDC or its SICAV.

Please complete this form and send it together with any **relevant supporting documents** by post using the below address while mentioning **"strictly confidential"**.

Fonds de compensation commun au régime général de pension
c/o Délégué aux signalements FDC
L-2015 Luxembourg

YOUR CONTACT DETAILS

Your relationship with the FDC/the SICAV: If other:

First name: Last name:

E-mail address: Telephone number:

EVENT DESCRIPTION

Date of event:

Person(s) concerned by the event:

Description of the event:

Have you already declared the event? yes no

If yes, to whom?

Please enclose a copy of your identity card or passport!
