

Reporting under the Law on Protection of Whistleblowers of the Republic of Lithuania

At PAYMONT, UAB (PAYMONT) we are committed to corporate social responsibility and have zero tolerance for violations of laws and regulations. If you become aware of any violations, we encourage you to report them to us. We believe that most concerns can be addressed internally.

Following the Law on Protection of Whistleblowers of the Republic of Lithuania (the **Law**), we have established an internal reporting channel for reporting violations to protect the public interest.

Compliance and Risk Officer of PAYMONT has been appointed as the Competent Person responsible for administering the internal reporting channel and examining notifications under the Law on Protection of Whistleblowers of the Republic of Lithuania. Contact the Compliance and Risk Officer for any questions related to the implementation of the law and reporting via dedicated email whistleblowing@paymont.eu.

You can report violations at PAYMONT that threaten or violate the public interest and that you became aware of during your current or previous official, employment, or contractual relations with PAYMONT. Notifications may be provided:

- By e-mail.
- By mail.
- In person during the meeting.

The requirements for notifications, the recommended notification form, and additional instructions and addresses for providing them are detailed in our Whistleblowing Procedure.

We will ensure your confidentiality and protection from any retaliatory measures due to your submission of the notification. You are also entitled to report any retaliatory measures to the authorities and courts.

Persons reporting violations under the Law will not be subject to liability if they had reasonable grounds to believe that the reported information was true. False reporting or revealing state, official, or professional secrets, shall deprive the reporting person of any guarantees under the Law and may lead to liability.

If you want to report violations, you can request a free, confidential consultation with the Competent Person through this internal reporting channel. Consultations can be provided in person or by email. Contact the Competent Person using the details as indicated above. More details are provided in our Whistleblowing Procedure.

You may find more detailed information on the reporting procedure, your rights and obligations in the Procedure, the [Law on Protection of Whistleblowers of the Republic of Lithuania](#), and the [Resolution of the Government of the Republic of Lithuania on Implementation of the abovementioned law](#).

There is no statistical information to be publicized. Currently, two employees of the Company (the General Manager and the Competent Person) are involved in the operation of the internal reporting channel.

There were no notifications received in 2025. Information last updated on 2025-12-31.

ANNEX 2

NOTIFICATION ON VIOLATION

 (date)

 (place)

Data on the person providing information on the violation	
Name, surname	
Personal identification code or date of birth (if personal identification code is not available)	
Place of work (current and previous official, employment, or contractual relations with the Company)	
Position	
Phone number (notes on communication)	
Personal e-mail address or place of residence	
Information on the violation	
1. What violation are you reporting? What kind of violation is this?	
2. Who committed this violation? What could have been the reasons for committing this violation?	
3. Place and time of the violation.	
Data on the person(s) who committed the violation	
Name, surname	
Place of work	
Position	
4. Are there any other persons who participated or could have participated in committing the violation? If yes, please indicate them.	
5. Are there any other witnesses of the violation? If yes, please indicate their contact details.	
Information on the witnesses(ess) of the violation	
Name, surname	
Position	
Place of work	
Phone number	

E-mail address	
6. When the violation was committed, and when did you become aware of it or notice it?	
7. What supporting data could you provide that could facilitate the investigation of the violation? Please indicate the attached written or other information regarding the violation.	
8. Have you already reported this violation to any third party? If yes, who was notified, and did you receive a response? If yes, please indicate the essence of such a response.	
9. Additional notes and comments.	

I confirm that I am aware of the legal consequences of providing false information and that the information I provided herein is correct.

Date	Signature
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ANNEX 3

FORM OF INTERNAL NOTIFICATIONS REGISTER



Form of Internal
Notifications.xlsx

ANNEX 4**CONFIDENTIALITY UNDERTAKING**

By signing this Confidentiality Undertaking I confirm that:

1. I am familiar with the Law on Protection of Whistleblowers of the Republic of Lithuania (hereinafter, the **Law**), and other applicable legal acts that establish requirements for the protection of the information of or related to persons reporting violations in accordance with the Law, and liability for their violation, as well as with the Whistleblowing Procedure of PAYMONT, UAB.
2. I am aware that while performing employment duties at PAYMONT, UAB I will have access to the information related to persons whose confidentiality must be ensured under the Law and that such information may be disclosed or provided only to authorised persons and competent authorities following applicable legal acts.
3. I am aware that the confidential information includes, *inter alia*, data of the person who provided information on the violation under the Law and other information allowing to identify them directly or indirectly.
4. I undertake to ensure the confidentiality of and not to disclose information that must be protected under the Law to any unauthorised person. I also undertake to report to my supervisor (head of the unit) any noticed situations that may threaten the security and confidentiality of such information.
5. I have been informed and fully understand that I may be held liable for breach of this undertaking or any other requirements of the protection of whistleblowers established in the Law and other legal acts.
6. I understand this undertaking and obligations to protect the information under the Law shall be valid both during the validity of employment relationships with PAYMONT, UAB and at all times thereafter.

Name, surname, position _____

Date _____

Signature _____