

Conflict of Interest Reporting and Assessment Form

Section I – REPORTING CONFLICT OF INTEREST	
<i>To be completed by the employee (reporting person) and sent to his/her manager</i>	
Nexi Group Company:	Date: dd/mm/yyyy
Name and Surname of reporting person:	
Role Reporting person:	
Head of organizational function (mark with YES/NO):	
Belonging Organizational Function:	
Belonging Department:	
Description of conflict of interest type ¹	
<i>Type of transaction subject to potential/real/perceived conflict of interest:</i>	
<i>Role of the reporting person in the transaction:</i>	
<i>Type of relationship with the counterparty that generates the potential/real/perceived conflict of interest:</i>	
<i>Additional supporting elements to assess the potential/real/perceived conflict of interest:</i>	

Signature of reporting employee

¹ Provide all elements to identify the type of potential/real/perceived conflict of interest specifying, in particular, the type of transaction towards the conflict of interest arises, the role of the resource in the transaction, the type of relationship with the counterparty that generates the potential/determined conflict of interest.

Section II – CONFLICT ASSESSMENT BY THE MANAGER	
<i>To be completed by the reporting person's manager and sent (together with Section I) to Compliance (at NexiPayItaly_Conflittodiinteressi@nexigroup.com)</i>	
Name and Surname:	Date: dd/mm/yyyy
Belonging Organizational Function:	
Belonging Department:	
Conflict Assessment and Mitigation Actions:	
<i>Conflict typology²:</i>	
<i>Conflict Assessment and motivation:</i>	
<i>Mitigating actions (indicate what action(s) are considered to be taken to mitigate the risk):</i>	
<i>Ways of monitoring on an ongoing basis the mitigation actions taken on the employee:</i>	

Signature of Manager

² Evaluate with Real or Potential or Perceived.

The conflict of interest is Real (or Actual) when the secondary interest (financial or non-financial) of the employee tends to interfere with the pursuit of the primary interest of the company at the time when the employee is called upon, in the performance of his duties, to take or contribute to taking a decision, to carry out an investigative activity or in any case to contribute, through the performance of his work activity, to the formation of the decision.

The conflict of interest is Potential (and, therefore, not yet actual) when there is a secondary interest of an employee's own that may, at a later time, interfere with the primary interest of the company that the employee may be called upon to pursue; in this case, the employee could find himself, at a later time, in a situation of conflict that has not yet materialized at the time. In the potential conflict, therefore, there are interests of the Personnel or a Director that may give rise to a conflict, but do not affect the tasks currently performed.

A conflict of interest is Perceived (or apparent) in the case of a conflict of interest that is not actual but is likely to induce outside observers to think that the primary interest of the Company may receive (or have received) interference from secondary interests, financial or non-financial.

Section III – CONFLICT ASSESSMENT BY COMPLIANCE	
<i>To be completed by Compliance and forwarded to the reporting manager together with Section I and II</i>	
Practice N° ³:	Date: dd/mm/yyyy
Name and Surname of Compliance referent:	
Conflict Assessment and Mitigation Actions:	
<i>Assessment confirmation of the type and/or level of conflict⁴:</i>	
<i>Assessment type and/or level of conflict attributed by Compliance and its justification ⁵:</i>	
<i>Assessment on mitigation actions ⁶:</i>	
<i>Mitigating actions requested by Compliance ⁷:</i>	
<i>Practice forwarded to HR for assessment of relevant actions ⁸:</i>	

Signature of Compliance referent

³ To be valorised with a code that identifies the employee's company, year of reference and progressive number (e.g. NP-2023-001 code for first reports of Nexi P. employees for the year 2023)
⁴ Indicate whether the type (Actual, Potential, Perceived) and level of conflict indicated by the manager is confirmed
⁵ To be completed only if the type attributed by the manager is not confirmed by Compliance
⁶ Indicate whether the actions planned by the manager are deemed appropriate to mitigate the risk
⁷ To be completed only if the mitigation actions defined by the manager are not deemed sufficient by Compliance
⁸ Validate with Yes/No

Reports of supplier conflicts of interest must be made by forwarding the Form completed by the supplier on the Supplier Portal to the Compliance department (at NexiPayItaly_Conflittodiinteressi@nexigroup.com).

Nexi Payments Branches that do not use the Supplier Portal must make the report by sending the following Form to the Compliance department (at NexiPayItaly_Conflittodiinteressi@nexigroup.com).

Section V – SUPPLIER CONFLICT OF INTEREST REPORTING	
Company:	Date: dd/mm/yyyy
Name and Surname of the reporting function:	
Reporting Function:	
Direction:	
Supplier name:	
Conflict of interest reported by Supplier ¹⁰ :	
Surname and name of the Nexi Payments personnel indicated by the Supplier:	
<i>Additional supporting elements to assess the potential/real/perceived conflict of interest:</i>	

Signature of reporting employee

¹⁰ Conflicts of interest of directors, managers and employees with authorisation powers (including family members) of the Supplier with Nexi Payments personnel