Folia Whistleblowing Policy
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1. Purpose and Regulatory Framework

Folia is committed to operating its certification scheme with integrity, transparency, and accountability. This Whistleblowing Policy establishes a secure and accessible channel through which individuals may report, in good faith, violations or suspected violations of applicable law, Folia's internal policies, or the rules and procedures of the certification scheme.

The policy is established in accordance with:

- Directive (EU) 2019/1937 of the European Parliament and of the Council on the protection of persons who report breaches of Union law, as transposed into Italian law by Legislative Decree 24/2023.
- Regulation (EU) 2024/3012, which requires certification schemes to operate with integrity and transparency.
- Implementing Regulation (EU) 2025/2358, which requires certification schemes to maintain complaint and monitoring mechanisms (Article 4).

This policy is designed to be read in conjunction with Folia's Conflict of Interest Policy, the Terms of Reference of the Advisory Board and the Technical Committee, and the complaint management and internal monitoring processes described in Folia's Certification Scheme.

2. Scope

2.1 Who may submit a report

Any of the following persons may submit a report under this policy:

- Folia staff and management, including the CEO.
- Members of the Board of Directors, Advisory Board, and Technical Committee.
- External contractors and consultants engaged by Folia.
- Operators participating in the Folia certification scheme.
- Certification bodies appointed under the scheme and their auditors.
- Any other third party with direct knowledge of a potential violation in connection with Folia's certification activities.

2.2 What can be reported

Reports may concern actual or suspected:

- Violations of Regulation (EU) 2024/3012 or Implementing Regulation (EU) 2025/2358 in connection with the operation of the Folia scheme.
- Manipulation, falsification, or misrepresentation of monitoring data, quantification data, or audit reports related to certified activities.
- Undisclosed or unmanaged conflicts of interest involving Folia governance body members, staff, or certification bodies, as defined in Folia's Conflict of Interest Policy.

- Undue pressure on certification bodies or auditors to issue certification decisions that do not reflect actual compliance with scheme rules.
- Fraud or irregularities in the issuance, transfer, or retirement of certified units in the credit registry.
- Violations of the confidentiality, document management, or data integrity requirements established in the Folia Certification Scheme.
- Any other conduct that materially undermines the impartiality, credibility, or legal compliance of the Folia certification scheme.

Reports that constitute general complaints about operators or certification bodies, rather than reports of policy violations, are managed under the Folia Complaints Policy.

3. Roles and Responsibilities

Head of Compliance. The Head of Compliance is the designated recipient and case manager for all whistleblowing reports. The Head of Compliance receives reports, conducts the initial admissibility assessment, coordinates the investigation, and maintains the Whistleblowing Register. The Head of Compliance does not have decision-making authority on outcomes or corrective measures, which rests with the CEO or, where applicable, the Board of Directors.

CEO. The CEO oversees investigations and decides on corrective measures and sanctions, in coordination with the Head of Compliance. Where the report concerns the CEO, all responsibilities attributed to the CEO under this policy are transferred to the Chairman of the Board of Directors.

Board of Directors. The Board of Directors is the ultimate decision-making body for reports involving the CEO, members of the Board itself, or matters that require structural changes to the certification scheme or governance framework. The Board is informed of the aggregate outcomes of whistleblowing reports as part of the semi-annual internal monitoring process.

Advisory Board. The Advisory Board may be consulted by the CEO or the Board of Directors where a whistleblowing report raises issues concerning the governance integrity or impartiality of the scheme that fall within the Advisory Board's areas of responsibility as defined in its Terms of Reference.

The following escalation principles apply throughout:

- Reports concerning the Head of Compliance must be submitted directly to the CEO.
- Reports concerning the CEO must be submitted directly to the Chairman of the Board of Directors.
- Reports concerning a member of the Board of Directors must be submitted to the Head of Compliance and escalated to the remaining members of the Board of Directors.

4. Reporting Channel and Confidentiality

4.1 How to submit a report

Reports may be submitted through any of the following channels:

- In writing, addressed to the Head of Compliance at Folia's registered office.
- Via email at compliance@folia.earth.
- Verbally, by requesting a confidential meeting with the Head of Compliance. In such cases, the Head of Compliance shall prepare a written record of the report. The reporter may choose to review and sign the record, or to remain anonymous, in which case the record is identified by a unique code only.

Where the report concerns the Head of Compliance or the CEO, the reporter should address the report directly to the Chairman of the Board of Directors through a written communication marked as strictly confidential.

4.2 Anonymous reports

Reports may be submitted anonymously. Anonymous reports will be assessed and investigated to the extent practicable given the available information. Where an anonymous report cannot be adequately investigated without identifying the reporter, the Head of Compliance will document this limitation in the Whistleblowing Register.

4.3 Confidentiality

The identity of the reporter — and any information that could directly or indirectly identify them — shall be kept strictly confidential by all persons involved in the receipt, assessment, and investigation of the report. Disclosure of the reporter's identity is only permitted:

- With the explicit written consent of the reporter.
- Where required by applicable law or by a competent authority.

All persons handling a whistleblowing report are bound by confidentiality obligations that persist after the conclusion of the investigation.

5. Report Management Process

The following table sets out the steps, responsibilities, and timeframes for the management of each report.

Step	Activity	Responsible	Timeframe
1	Receipt and acknowledgement of the report	Head of Compliance	Within 7 calendar days of receipt

2	Initial assessment: admissibility and classification of severity	Head of Compliance	Within 15 calendar days of receipt
3	Investigation (fact-finding, documentation review, interviews where necessary)	Head of Compliance, with CEO oversight	Within 45 calendar days of Step 2
4	Decision on outcome and measures	CEO (or Board of Directors where CEO is involved)	Within 15 calendar days of Step 3
5	Notification of outcome to the reporter (if identity is known)	Head of Compliance	Within 7 calendar days of Step 4
6	Recording in the Whistleblowing Register and, where applicable, referral to the complaints register or non-conformity procedure	Head of Compliance	Immediately following Step 4
7	Follow-up and monitoring of corrective measures	Head of Compliance + CEO	As applicable

The overall process must be completed within 3 months of the acknowledgement of receipt, in accordance with Legislative Decree 24/2023.

5.1 Admissibility assessment

At Step 2, the Head of Compliance assesses whether the report falls within the scope of this policy (Section 2.2) and whether it contains sufficient information to proceed. Reports that fall outside scope or that are manifestly unfounded are closed, with a written record retained in the Whistleblowing Register. The reporter, if identifiable, is notified of the closure and the reason.

5.2 Severity classification

Admissible reports are classified by the Head of Compliance according to the following levels, consistent with the non-conformity classification established in the Folia Certification Scheme:

- Critical: the reported conduct, if confirmed, would constitute an irreversible violation of the rules of the certification scheme or applicable law, with potential to compromise the integrity or legal recognition of the scheme. Immediate escalation to the CEO and, where applicable, to the Board of Directors is required.
- High: the reported conduct, if confirmed, would constitute a serious but potentially remediable violation. Investigation proceeds under CEO oversight.
- Low: the reported conduct, if confirmed, would constitute a limited or isolated violation with no immediate risk to the scheme's integrity. Investigation proceeds under Head of Compliance coordination.

5.3 Connection to other policies

Where the investigation confirms a violation, the Head of Compliance shall determine whether the matter should be referred to one or more of the following:

- The Complaints Policy, where the violation concerns operator or certification body conduct.
- The Non-Conformity Policy, where a Critical, High, or Low-level non-conformity by an operator is identified.
- The Conflict of Interest Policy, where the violation concerns an undisclosed or unmanaged conflict of interest.
- The competent national authority or the European Commission, where the violation constitutes a breach of Regulation (EU) 2024/3012 or Implementing Regulation (EU) 2025/2358 that requires notification.

6. Protection of the Reporter

Any person who submits a report in good faith under this policy is protected against any form of retaliation, including dismissal, demotion, change of role, reduction of compensation, harassment, or any other adverse measure, in accordance with Directive (EU) 2019/1937 and Legislative Decree 24/2023.

The protection applies regardless of whether the reported conduct is ultimately confirmed, provided the report was made in good faith and with reasonable grounds to believe that the information was true at the time of submission.

Any act of retaliation against a reporter must be reported immediately to the Head of Compliance or, where appropriate, to the Chairman of the Board of Directors. Retaliation constitutes a violation of this policy and will be treated as a critical-level matter subject to immediate escalation.

Good faith does not cover reports that are knowingly false or made with the intent to harm. Such reports may give rise to disciplinary consequences.

7. Whistleblowing Register and Reporting

The Head of Compliance maintains a Whistleblowing Register containing, for each report:

- A unique identification code assigned upon receipt.
- The date of receipt, the channel used, and whether the report is anonymous.
- A description of the reported conduct and the applicable severity classification.
- The investigation steps taken, persons involved, and documentation reviewed.
- The outcome of the investigation and any corrective measures adopted.
- The date of closure and, where applicable, referral to other procedures.

All records in the Whistleblowing Register are retained for a minimum of five years, consistent with the document retention requirements established in the Folia Certification Scheme.

The aggregate outcomes of whistleblowing reports — including the number of reports received, their classification, and the corrective measures adopted — are incorporated into the semi-annual internal monitoring report presented to the Board of Directors, and into the Annual Operations Report published by Folia in accordance with the Certification Scheme.

8. Awareness

All persons and bodies subject to this policy must read and acknowledge this policy before assuming their role, or within 30 days of the publication of a materially updated version of the policy. Key parts are:

- The reporting channel and the possibility of anonymous submission, as set out in Section 4.
- The protections against retaliation afforded to reporters acting in good faith, as set out in Section 6.
- The escalation principles applicable where the report concerns the Head of Compliance, the CEO, or a member of the Board of Directors, as set out in Section 3.

The Head of Compliance is responsible for sharing the latest version of this policy and is the designated point of reference for any questions regarding its application.

All policy acknowledgements are recorded in the Policy Acknowledgement Register maintained by the Head of Compliance, including the date of completion and the version of the policy acknowledged. The Policy Acknowledgement Register is defined in the Folia Document Management Procedure.

9. Related Documents

- Folia Conflict of Interest Policy.
- Folia Complaints Policy.
- Folia Non-Conformity Policy.
- Folia Internal Monitoring Policy.
- Folia Advisory Board Terms of Reference.
- Folia Technical Committee Terms of Reference.
- Folia Certification Scheme.
- Folia CB Appointment Manual.