

NOMINATIVE CLAIM

under the umbrella of the Compliance system



DETAILS OF THE CLAIMANT Surname Name Name Address Post code Telephone number DETAILS OF THE CLAIMED FACTS (in the most detailed way) and WAY IN WHICH THOSE KNOWLEDGE	
Name ID Card Address Post code Telephone number email DETAILS OF THE CLAIMED FACTS (in the most detailed way) and WAY IN WHICH THOSE	
Address Post code Telephone number email DETAILS OF THE CLAIMED FACTS (in the most detailed way) and WAY IN WHICH THOSE	
Telephone number email DETAILS OF THE CLAIMED FACTS (in the most detailed way) and WAY IN WHICH THOSE	
DETAILS OF THE CLAIMED FACTS (in the most detailed way) and WAY IN WHICH THOSE	
	CAME TO
INDIVIDUAL OR ENTITY WHOM THE CLAIM IS AGAINST	
(Indicating the greatest details as possible)	
WITNESS, IF ANY, OF THE CLAIMED FACTS	
(Indicating the greatest details as possible)	
ATTACHED DOCUMENTATION	
YOU CAN SEND YOUR CLAIM TO:	
By ordinary post	
HÁBEAS CORPORATE COMPLIANCE, S.L. Departamento de Gestión de Denuncias	
Castelló, 24, escalera 2, 4º derecha, 28001 MADRID	
By email	
denuncias@habeascc.es	

The personal data contained in this communication is treated in accordance with current legislation on the protection of personal data and guarantee of digital rights, with details in this regard in Document 9a whistleblowing Channel of the Comprehensive Compliance Model established in the MOLGAS GROUP'S companies, universal access through its website.

Date