



## Reporting Form

according to the Whistleblower Protection Act, No. 171/2023 Coll.

Obligated party: **VITAR, s.r.o.**  
třída Tomáše Bati 385, Louky, 763 02 Zlín  
ID: 00566632  
registered in the Commercial Register maintained by the Regional Court in  
Brno, Section C, Insert 189

Whistleblower: .....

First name, surname: .....

Date of birth: .....

Contact address: .....

Relationship to the obliged party: .....

Content of the report:  
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In Zlín on.....

.....  
Whistleblower