

Dear Customer,

we are pleased to inform you that the products we manufacture and distribute are strictly tested and in compliance with the current European Regulations for cosmetic products (Reg. 1223/2009 and subsequent amendments) and we are in Compliance with MOCRA ; however intolerance to some of the contained ingredients cannot be excluded.

If any undesirable effect occurred after the application of the cosmetic product, we kindly ask you to fulfil the following form, in order to be able to identify the causes of the intolerance and prevent indisposition.

| A. PATIENT INFORMATION |
|---|
| Name and Surname: |
| Age: _____ <input type="checkbox"/> Year(s) <input type="checkbox"/> Month(s) <input type="checkbox"/> Week(s) <input type="checkbox"/> Day(s) |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Decline to answer |
| Nationality: |
| B. ADVERSE EVENT OR PRODUCT PROBLEM |
| Type of report: <input type="checkbox"/> Adverse Event <input type="checkbox"/> Product Problem |
| Outcome Attributed to Adverse Event: <input type="checkbox"/> Death – Date of Death: <input type="checkbox"/> Life-threatening <input type="checkbox"/> Hospitalization <input type="checkbox"/> Other Serious or Important Medical Events <input type="checkbox"/> Required Intervention to Prevent Permanent Impairment/Damage <input type="checkbox"/> Disability or Permanent Damage <input type="checkbox"/> Congenital Anomaly/Birth Defects |
| Date of Event: |
| Date of this Report: |
| Describe Event or Problem: |
| Additional Comments: |

CULTI MILANO S.p.A

SEDE LEGALE E AMMINISTRATIVA / CORPORATE HEADQUARTERS: via dell' Aprica, 12 20158 Milano

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 culti@culti.com www.culti.com CODICE UNIVOCO:SUBM70N

N. REG.IMP/MB/N. BUSINESS REG.MB PI. - C.F./VAT - FISCAL CODE IT 08897430966 CAP.SOC. Euro 3.095.500,00 Interam. vers./Fully paid-up capital Euro 3.095.500,00 REA: MI2055576

| C. SUSPECT PRODUCT |
|---|
| Name of the cosmetic product: |
| Cosmetic category: |
| Batch number: |
| Purchase address (Shop Name, City, Street Number): |
| First use? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Frequency of use: |
| Period of use (from, until): |
| Reaction zone: <input type="checkbox"/> scalp <input type="checkbox"/> cheeks <input type="checkbox"/> armpits <input type="checkbox"/> thighs <input type="checkbox"/> foot <input type="checkbox"/> neck <input type="checkbox"/> abdomen <input type="checkbox"/> arm <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> front <input type="checkbox"/> outline mouth <input type="checkbox"/> torso <input type="checkbox"/> legs <input type="checkbox"/> superior eyelid <input type="checkbox"/> inferior eyelid <input type="checkbox"/> mucous |
| Has the application of the cosmetic product been suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Days passed between application and appearance of symptoms: |
| Did the reaction got any better after application suspension? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| While using the cosmetic product, did you assume or use other products (such as medicines, other products herb based, medical herbs, homeopathy, nutritional supplements, other cosmetics, household products, tattoos, etc..)? <input type="checkbox"/> YES, please specify: <input type="checkbox"/> NO |

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| |
|---|
| Other Relevant history, Including Preexisting Medical Conditions: |
| Doctors and relevant information of interest to the previous use of cosmetics (es. allergy, previous reaction to cosmetic product use, etc...): <input type="checkbox"/> YES, please specify: <input type="checkbox"/> NO |
| In case of medical advice Doctor name: _____ Address: _____ Phone number: _____ E-mail: _____ Medical diagnosis and allergy test: _____ _____ _____ |

Enclosed to this questionnaire we kindly ask you to send us one or more images of the mentioned purchased product.

Date ____ / ____ / ____

The undersigned Name _____ Surname _____, acquired the information supplied by the owner of use of the data in compliance of Italian Legislative Decree 196/2003 "code on the protection of personal data" is informed that requested data concern personal data suitable to reveal health condition.

- allow the use of personal data necessary for handling of this report.

Signature _____

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PRIVACY ACT STATEMENT

The information collected in this form is provided to comply with the Privacy Act of 1974 (P.L. 93-579) for individuals seeking non-employee student, post-graduated or senior scientist training opportunities from the Food and Drug Administration. Purpose and Uses: All information collected in this form is required to begin the Traineeship. Completed forms are used by the Staff to meet program selection and on-boarding requirements. Information is also shared with the FDA personnel authorized to administer the program. Effects of nondisclosure: Disclosure of the information is voluntary; however, collection of this information is necessary to continue with the FDA.

Informative Legislative Decree 196/2003 and EU Regulation (UE) 2016/679 and Council of 27th April 2016 about protection of personal data (General Data Protection Regulation - GDPR)

Dear Customer,

according to Italian Legislative Decree 196/2003 and EU Regulation (UE) 2016/679 and Council of 27th April 2016 about protection of personal data (General Data Protection Regulation - GDPR) personal data will be handled in correctness, transparency and clearness, protecting your privacy and your rights.

In particular, data who can reveal racial and ethnic origins, religious belief, philosophical trend or other, political opinions, party or union memberships, as well as personal data useful to reveal the health status, sex life, can be processed only with written consent and approval of the Guarantor of protection of personal data (art. 26)

Under the article 13 of mentioned decree, we provide you the following information.

1. Provided Sensitive data will be treated within the limitations of general Guarantor n.2/2014, for the following purposes: information obtainment about cosmetic products used, prevention and detection of any disorders or related intolerance.
2. Data treatment will be as follows: by questionnaires fillable manually
3. The data provision is optional in interest of the customer, and the refusal to provide such data has no consequences.
4. Data will not be disclosed to other parties, neither in anonymous and not traceable;

Data owner and controller is CULTI MILANO S.p.A.

5. At any time the customer can exercise rights based on article n°7 of law 196/2003 (the current regulation)

Please return it to sales@culti.com

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