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Whistleblower Form

Please complete following information:

1.	Your Identification				
	(a) Department:				
	(b) Position/Title/Designation:				
	(c) Name:				
	(d) E-mail address:				
	(for communication with the Hotline)				
2.	Category of Information * (please tick at least one of the following boxes)				
	$\ \square$ a breach of applicable laws, regulations, or internal policies	es or rules;			
	 improper use or misappropriation of company tangible assets (including, without limitation, money, goods, faci information and customer information); 	•			
	 wilful misinformation to third parties (including, with governmental or regulatory authority, suppliers an superiors of the Company or any manipulation of Com- systems; 	d customers),			
	 conduct offering or giving items of value to influence the person in governmental bodies, irrespective of whether been believed to bring some benefit to the Company; and 				
	 conduct requesting or receiving items of value or gifts of of nominal value from suppliers or other business partners 				
	$\ \square$ other (excluding personal grievances)				
3.	Information of the Person/Department concerned				
	(a) Department:				
	(b) Position/Title/Designation:				
	(c) Name:				
	Please fill in the above items to the extent you know.				

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Managing Director

DATE: 3rd October 2024

	cription of Information
	Date or Period of Conduct: Factual Description of Conduct:
	(Please describe the conduct factually)
(c)	Has the above Information been reported to your boss or any other senior person in the Company in the past? Answer (yes or no):
(d)	If the answer to the above (c) is "Yes," please describe the date and person(s) you reported (to) and the results of your report.
	Date of Report:
	Person(s) reported to:
	Results:

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Managing Director

DATE: 3rd October 2024

*This form can be downloaded from the Intranet-----

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Managing Director

DATE: 3rd October 2024