

Confidential

WHISTLE-BLOWING FORM

Kindly use this form to report any serious concerns that you may have over malpractice or misconducts (inclusive of bribery activities) involving employees of SMHB ENGINEERING SDN. BHD. and SMHB SDN. BHD. Email the form with relevant supporting evidence to Integrity Committee at whistleblowing@smhb.com. Concern related to Integrity Committee can be directed to Managing Director at whistleblowing2md@smhb.com

| WHISTLE BLOWER'S INFORMATION | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|-----------------------------|
| Name | | Contact number | |
| E-mail address | | | |
| CONSENT TO DISCLOSE | | | |
| I agree / disagree to my name being disclosed if required under the provision of the law. | | | |
| DETAILS OF MALPRACTICES | | | |
| Name of suspect(s) | | | |
| Department | | | |
| Nature of malpractice(s) <i>Briefly describe the misconduct / improper activity and how you know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.</i> | | | |
| Date occurred | | | |
| Is there any evidence that could be provided? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is there any witness whom could assist in the investigation? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, kindly provide the following: | | | |
| Name of witness: | | | |
| Contact details: | | | |
| TO BE FILLED BY INTEGRITY COMMITTEE | | | |
| Received By | | Date | |

Note: Please follow the guidelines as laid out in the Whistle-Blower Policy.