

WHISTLEBLOWER REPORT FORM

Please provide the following details for any suspected serious misconduct or any breach or suspected breach of law or regulation that may adversely impact NanoMalaysia Berhad and its group of companies, and follow the guidelines as laid out in the Whistleblowing Policy [NMB-BAC-POL-00003].

The completed form can be emailed to whistleblower@nanomalaysia.com.my or sent to: Board Audit and Risk Committee, NanoMalaysia Berhad, Unit A-2-3, Level 2, 157 Hampshire Place Office, No. 1, Jalan Mayang Sari, 50450 Kuala Lumpur, Malaysia

Please note that you may be called upon to assist in the investigation, if required.

Part 1: Whistleblower's Information (required)								
WHISTLEBLOWER'S N		(required)						
DESIGNATION			DEPARTMENT					
CONTACT NUMBER			EMAIL ADDRESS					
Part 2: Suspect's Info	ormation (require	ed)						
SUSPECT'S NAME								
DESIGNATION			DEPARTMENT					
CONTACT NUMBER			EMAIL ADDRESS					
Part 3: Witness Infor	mation (if any)							
WITNESS 1'S NAME								
DESIGNATION			DEPARTMENT					
CONTACT NUMBER			EMAIL ADDRESS					
WITNESS 2'S NAME								
DESIGNATION			DEPARTMENT					
CONTACT NUMBER			EMAIL ADDRESS					
Part 4: Complaint (re								
				t. Specify what, who, when, nd use as many pages as necessary				
What misconduct or improper activity occurred?		<u> </u>	Ţ.	7, 0				
Who committed th or improper activity								

VITAL RECORD CLASSIFICATION

IMPORTANT

RETENTION PERIOD

7 YEARS MAXIMUM

TIER

IV

PAGE

1 OF 2

Template Ref No.: NMB-BAC-FRM-00001 Rev. 1.0

SECURITY CLASSIFICATION

CONFIDENTIAL



When did did you no	it happen and when otice it?				
Where did	l it happen?				
Is there ar could prov	ny evidence that you vide us?				
	any other parties other than the suspect ove?				
information	ve any other details or on which would assist nvestigation?				
Any other	comments?				
I agree and will notify I I agree to b	l undertake that if I becom NanoMalaysia Berhad imm e contacted by the Whistle	s complete and accurate to the bee aware of any information that ediately. blowing Investigation Team and tee investigation of the report.	might indicate	that this report is inaccurate, I	
	Whistleblower's	Signature	Receiver's Signature		
			Name		
			Designation		
Date			Date		

SECURITY CLASSIFICATION	VITAL RECORD CLASSIFICATION	RETENTION PERIOD	TIER	PAGE
CONFIDENTIAL	IMPORTANT	7 YEARS MAXIMUM	IV	2 OF 2