

ANNEXURE C

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

REPORTER'S CONTACT INFORMATION

You can remain anonymous, but you are urged to identify yourself so that we can contact you for more additional information necessary for appropriate review of your disclosure.

NAME

DESIGNATION

DEPARTMENT/AGENCY

CONTACT NUMBER

E-MAIL ADDRESS

SUSPECTS INFORMATION

NAME

DESIGNATION

DEPARTMENT/AGENCY

CONTACT NUMBER

E-MAIL ADDRESS

NAME

DESIGNATION

DEPARTMENT/AGENCY

CONTACT NUMBER

E-MAIL ADDRESS

WITNESSES'S INFORMATION *(if any)*

NAME

DESIGNATION

DEPARTMENT/AGENCY

CONTACT NUMBER

E-MAIL ADDRESS

ABOUT THE MISCONDUCT/WRONGDOING

What misconduct/wrongdoing occurred?

Give a full description of the facts including all useful details.

When did it happen and when did you notice it?

Specifying date, time, and other personal details

Where did it happen? *

Specifying where and when wrongdoing took place (country, city, area)

Is there any evidence that you could provide us?

Do you have any other details or information which would assist us in the investigation?

Was the activity
previously reported?

Yes

No

If so, please give details like date of reporting and whom did you report to:

Date of reporting

Authority to whom
reported

Declaration

I hereby declare that the information given in this Whistleblowing Report Form is true and accurate.

Signature

Date