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WHISTLEBLOWING POLICY

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| REVISIO | N HISTORY | | | | |
| No | Document Change Notice (DCN) N | ١٥. | | Effective | Date |
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| Note: | The details and reason of change | are recorded in the DCN s | tated above. | | |
| | The printed copy of this document | | | atest ver | sion from |
| | Human Resource. | | | | |
| | FOR II | NTERNAL USE ONLY | | | |

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Cancer Research Malaysia ("CRMY") is committed to good business ethics and integrity as set out in the Code of Conduct and Ethics. All employees are encouraged to raise concerns about improper conduct at the earliest opportunity, and in an appropriate way.

Who can raise concerns?

- Any employee of Cancer Research Malaysia ("CRMY").
- Any (legal or natural) person providing services to, or having a working relationship with CRMY.

What types of concerns should you raise?

You should raise <u>any</u> concerns about any improper conduct or wrongful act that may adversely impact CRMY, including but not limited to:

- Any criminal offences, including fraud, corruption, bribery and blackmail
- Any failure to comply with legal or regulatory obligations

Any concerns about malpractice should be raised. If your concern is about your personal position, rather than a concern about malpractice, it will be more appropriate for you to use the HR grievance process.

Who should you raise your concerns with?

Reports of any such concerns may be made to the following persons:

| YABhg. Toh Puan Dato' Seri Hajjah | YAM Tengku Datuk Seri Ahmad Shah Al-Haj |
|-----------------------------------|--|
| Dr Aishah Ong | Ibni Almarhum Sultan Salahuddin Abdul Aziz |
| Chairman of The Board of Trustees | Shah Al-Haj |
| Email: | Chairman of the Nomination Committee of |
| | The Board of Trustees |
| | Email : |

Or

Encik Alan Hamzah Sendut Chairman of The Audit and Finance Committee of The Board of Trustees Email:

Please include your full name and contact details, as well as full details of your concern and any supporting documentation you consider relevant. Should you wish to do so, you may use our <u>Whistleblower Form</u> to provide the details required.

The Organization reserves the right not to investigate any concerns which are raised anonymously.

Additionally, you also have the right to raise your concerns with relevant regulators, or with law enforcement agencies.

What action can be taken against you?

You will be protected from retaliation, adverse employment action and from disclosure of your identity, provided your disclosure was made in good faith (even if you are genuinely mistaken in the

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| concerns you raise) and to the extent permitte WHISTLE | BLOWER FORM | ul act that | is comr | nitted within |
| | OF YOUR CONCERNS much information as poss | sible) | | |
| DESCRIPTION OF INCIDENT: (use the additional information sheet, if necess | | | | |
| WHERE DID THE INCIDENT OCCUR? | | | | |
| WHEN DID THE INCIDENT OCCUR? | | | | |
| NAME AND POSITION OF PERSON(S) INVOLVEE |): | | | |
| DETAILS OF ANY WITNESS(ES): | | | | |
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| HOW | DO YOU KNOW THIS PERSON? | | | | |
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| DID Y | OU REPORT THE INCIDENT TO ANY AU | THORITIES? IF YES, PLEASE GIVE I | DETAILS: | | |
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| ADDITIONAL INF | FORMATION SHEET | | | |
| ANY ADDITIONAL INFORMATION: Provide any further details you think may be rel person(s) concerned, any financial impact to the | evant, for example, whether you a e organization, etc. | pproach | ed the | |
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