



MALAYSIAN GENOMICS RESOURCE CENTRE BERHAD WHISTLEBLOWING POLICY

Malaysian Genomics Resource Centre Berhad (“MGRC”) is committed to good business ethics and integrity as set out in its 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 MGRC.
- Any (legal or natural) person providing services to, or having a business relationship with, MGRC.

What types of concerns should you raise?

You should raise any concerns about any improper conduct or wrongful act that may adversely impact MGRC, including but not limited to:

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

Who should you raise your concerns with?

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

Name: Mr. Kong June Hon

Position: Audit Committee Chairman

Email: secure.mgrc@gmail.com

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 Whistleblower Form to provide the details required.

How are you protected as a whistle blower?

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 concerns you raise) and to the extent permitted by law.

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.

Note: Please follow the guidelines as laid out in the Whistleblowing Policy

REPORTER'S CONTACT INFORMATION (This section may be left blank if the reporter wishes to remain anonymous)	
NAME *	
DESIGNATION	
DEPARTMENT/AGENCY	
CONTACT NUMBER	
E-MAIL ADDRESS *	
SUSPECT'S INFORMATION	
NAME *	
DESIGNATION	
DEPARTMENT/AGENCY *	
CONTACT NUMBER	
E-MAIL ADDRESS	
WITNESSES' INFORMATION (if any)	
NAME	
DESIGNATION	
DEPARTMENT/AGENCY	
CONTACT NUMBER	
E-MAIL ADDRESS	
COMPLAINT: <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>	
1. What misconduct / improper activity occurred?*	
2. Who committed the misconduct / improper activity?*	
3. When did it happen and when did you notice it?*	
4. Where did it happen?*	

5. Is there any evidence that you could provide us?	
6. Are there any other parties involved other than the suspect stated above?	
7. Do you have any other details or information which may assist us in the investigation?	
8. Any other comments?	
Date:	Signature: