**WHISTLE-BLOWER REPORTING FORM**

Please provide the following details of any suspected wrongful practices concerning the Nanofilm Group or any of its officers or employees and submit your report directly to the Internal Audit Division of the Company. Please note that you may be called upon to assist in the investigation, if required.

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| **REPORTER'S CONTACT INFORMATION**  (This section may be left blank if the reporter wants to be anonymous) | |
| NAME: | CONTACT NUMBER: |
| DESIGNATION: | EMAIL ADDRESS: |
| DEPARTMENT: |  |
| **SUSPECT'S INFORMATION** | |
| NAME: | CONTACT NUMBER: |
| DESIGNATION: | EMAIL ADDRESS; |
| DEPARTMENT: |  |
| **WITNESS(ES) INFORMATION (if any)** | |
| NAME: | CONTACT NUMBER: |
| DESIGNATION: | EMAIL ADDRESS: |
| DEPARTMENT; |  |
| **COMPLAINT:** 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. | |
| 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 would  assist us in the investigation? |  |
| 8. Any other comments? |  |

Date:

Signature (Optional):

Note:\*You SHOULD NOT attempt to obtain evidence for which you do not have a right of access since whistleblowers are ‘reporting parties’ and NOT ‘investigators’.

# (CONT’D)

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| **FOR COMPLIANCE OFFICER USE:** | |
| REPORT NO.: |  |
| RECEIVED ON: |  |
| RECEIVED BY: |  |
| ACKNOWLEDGEMENT SEND ON: |  |
| INVESTIGATION REQUIRED (YES/NO) (if NO, please  state the reason) |  |
| INVESTIGATION DONE BY: |  |
| INVESTIGATION RESULTS: |  |
| ACTION TAKEN / CONCLUSION: |  |
| REPORTED TO INTERNAL AUDIT DIVISION ON: |  |
| SIGNED OFF BY: |  |