



TMC LIFE SCIENCES BERHAD WHISTLEBLOWING POLICY AND PROCEDURES

Approved By: Board of Directors

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General Statement

TMC Life Sciences Berhad (“TMCLS” or the “Company”) is committed to maintain good corporate governance practices and ethical standards in the conduct of its businesses and operations across the Company and its subsidiaries (i.e. collectively referred to as the “Group”). The Directors of the Group are committed to uphold the high standards of governance, accountability and fairness when carrying out their duties and responsibilities. At all times, the Group shall be guided by the law with the sacrosanct notion of integrity being the value compass.

As specified under **Practice 3.2 of the Malaysian Code on Corporate Governance**, this Whistleblowing Policy and Procedures (“Policy”) aims to provide an opportunity for all Directors, employees and consultant specialists of the Group, business partners and members of the public to disclose any improper conduct relating to the Group without any concerns on reprisal. It exemplifies the Group’s commitment to safeguard the interest of its shareholders and other stakeholders.

All Directors, employees, consultant specialists, and other stakeholders (e.g. customers, suppliers and other concerned parties) are strongly encouraged to report genuine concerns on improper conduct relating to the Group.

1.0 Introduction

- 1.1 Whistleblowing is a form of disclosure, involving the Whistleblower (defined in Section 2.0) to raise concerns on actual or suspected wrongdoings concerning associated persons of the Group. This Policy facilitates an open and transparent corporate culture within the organisation, thus promoting candour, accountability and enabling the Group to respond nimbly to changes in the environment.
- 1.2 As prescribed under **Guidance 3.2 of the Malaysian Code on Corporate Governance**: “the board should ensure that its whistleblowing policies set out avenues whereby legitimate concerns can be objectively investigated and addressed. Individuals should be able to raise concerns about illegal, unethical or questionable practices in confidence and without the risk of reprisal”.
- 1.3 The Group is committed to the values of transparency, integrity, impartiality and accountability in the conduct of its business and affairs. It expects wrongdoings such as fraud, corruption, healthcare malpractices, financial misappropriation, gross mismanagement and other possible improprieties to be reported in good faith and in confidence. This Policy provides:
- a set of procedures to enable the Whistleblower to raise concerns in good faith, and to receive feedback from the Group on actions, if any, taken in respect of such concerns; and
 - (where Whistleblower are employees) assurance that the employee(s) will be treated fairly, and to the extent possible, be protected from reprisals or victimisation for whistleblowing in good faith.
- 1.4 This Policy provides an alternative avenue for the Whistleblower to raise concerns if the normal lines of communication are not available. Nothing in this Policy shall interfere with other established operational policies and processes of the Group.
- 1.5 This Policy should be read together with enumerations encapsulated in the relevant legislative and regulatory promulgations including but not limited to the following:
- i. Whistleblower Protection Act 2010;
 - ii. Malaysian Anti-Corruption Commission Act 2009;
 - iii. Malaysian Anti-Corruption Commission (Amendment) Act 2018;
 - iv. Private Healthcare Facilities and Services Act 1998;
 - v. Private Healthcare Facilities and Services (Private Medical Clinics or Private Dental Clinics) Regulations 2006; and
 - vi. Main Market Listing Requirements of Bursa Malaysia Securities Berhad (“Listing Requirements”) and other authoritative guidance such as the Malaysian Code on Corporate Governance.
- 1.6 Where there is a conflict between the contents of this Policy and the laws and regulatory promulgations, the relevant enumerations contained in the legislations and regulations shall prevail.
- 1.7 In this Policy, words importing one gender include the other gender and words importing the singular include the plural and vice versa, as the case may be.

2.0 Definition

- 2.1 Associated person – Associated person shall be ascribed with the same meaning as outlined in Section 17A(6) of the Malaysian Anti-Corruption Commission (Amendment) Act 2018. A person is associated to the Group if he is a director or employee of any entity within the Group or if he is a person who performs services for and or on behalf of the Group (e.g. consultant specialists)
- 2.2 Appointed Officer – An independent individual appointed to assist the Chairman of the Governing Party to receive the whistleblowing report and lead the investigate of the case pursuant to the whistleblowing report received by the employee. The Appointed Officer shall be authorised to centrally monitor and track the investigation of any Associated person against all levels of staff (as defined in paragraph 2.1 above).

- 2.3 Consultant specialist – A non-employee medical doctor enlisted by the Group to practise in a specialty area for which the individual commands a niche expertise.
- 2.4 Enforcement agency – Enforcement agency shall be ascribed with the same meaning as outlined in **Section 2 of the Whistleblower Protection Act 2010**. Enforcement agency includes any ministry, department, agency or other body set up by the Federal Government, State Government or local government including a unit, section, division, department or agency of such ministry, department, agency or body, conferred with investigation and enforcement functions by any written law or having investigation and enforcement powers.
- 2.5 Governing Party – An individual or group of individuals within TMCLS who is/are charged with the responsibility of reviewing and deciding on the outcome of the investigation pursuant to findings made by the Appointed Officer and TMCLS Whistleblowing Committee. For the purpose of this Policy, Chairman of the ARMC shall be regarded as the Governing Party.
- 2.6 Incident reporting – Incident reporting shall be ascribed with the same meaning as outlined in **Section 13 of the Private Healthcare Facilities and Services Act 1998**. Such incidents relate to any unforeseeable or unanticipated incident that has occurred at a private medical clinic.
- 2.7 Major misconduct – A major misconduct which shall bring about disciplinary proceedings that can lead to an employee’s dismissal if convicted and/or reports being made to enforcement agencies. Reference can be made to the Group’s Code of Conduct for examples on major misconduct.
- 2.8 Minor misconduct – A summary misconduct which can result in disciplinary proceedings (other than dismissal and/or report to enforcement agencies) against the employee, if convicted. Reference can be made to the Group’s Code of Conduct for examples of minor misconduct.
- 2.9 **TMCLS Whistleblowing Committee** – this shall comprise the TMCLS Group CEO, Group CFO, and the Appointed Officer.
- 2.10 **TMG Whistleblowing Committee** – this shall comprise the TMG Group CEO, TMG Group CFO, and TMG CRCO.
- 2.11 Whistleblower – Any person or a group of persons who has whistleblowing is referred to as “Whistleblower” in this Policy and who submits a whistleblowing report via the channels outlined in this Policy. They include those who are employed by any entity within the Group as well as those external stakeholders described in the “Who Can Disclose” paragraph set out in this Policy.
- 2.12 Whistleblowing – Disclosures made in good faith on any real or suspected misconduct within the Group. Such good faith reporting must not be made recklessly, maliciously, and/or for personal gain. Whistleblowing does not include matters that could be resolved via existing feedback mechanisms in the Group (e.g. operational issues and suggestions from customers) or grievance procedures relating to staff matters.

3.0 Designated Recipient

- 3.1 In general, all disclosures pursuant to this Policy are to be made to the Appointed Officer who shall then report to the Governing Party.
- 3.2 Should there be any conflict between the Whistleblower and Appointed Officer or if the alleged misconduct implicates the Appointed Officer or Governing Party, see Paragraph 5.09 of this Policy.

4.0 Monitoring and Review of this Policy

- 4.1 The Appointed Officer shall maintain a register for all disclosures made pursuant to this Policy. Investigations will be conducted and concluded as soon as practicable for any disclosure made pursuant to this Policy and the outcome of the investigations will be recorded in the register.
- 4.2 All documents obtained pertaining to disclosures shall be considered “Confidential” and be stored securely as enumerated under **Section 9 of the Personal Data Protection Act 2010**. The

disclosures shall be kept under the custody of the Group Legal Services department for seven (7) years, or longer as may be decided by the Audit and Risk Management Committee (“**ARMC**”) of TMCLS.

- 4.3 In adherence to **Section 10 of the Personal Data Protection Act 2010**, the disclosures shall not be kept longer than necessary. The Group Legal Services department shall undertake reasonable steps to ensure the disclosures are destroyed or permanently deleted after the designated timeframe.
- 4.4 The Appointed Officer shall, on a quarterly basis, update the Audit Risk Committee of Thomson Medical Group, ARMC of TMCLS and/or TMCLS Board on the number of disclosures received to date and nature of such disclosures, status of investigations, and other relevant updates.
- 4.5 This Policy shall be reviewed by the Group Legal Services department (to reflect any changes in relevant laws, guidelines and better practices. Any proposed changes to this Policy shall be facilitated by the Group Legal Service department and tabled to the Board for approval. As a minimum, this Policy shall be reviewed once every three (3) years.
- 4.6 The Group Legal Services department shall monitor the implementation and understanding of this Policy.
- 4.7 The Group shall communicate this Policy to its Directors, employees, consultant specialists and other stakeholders.

5.0 Reporting procedures

- 5.1 It is in the enlightened interest of the Group to promote an open and a positive environment for the Directors, employees, consultant specialists or other stakeholders, to raise bona fide concerns or report on any possible improprieties in the conduct of medical affairs, financial reporting or other business matters, without fear of retaliatory action. This Policy is intended to complement the standard channels of communication and reporting lines within the Group.

5.2 Who to Report to:

5.3 Option One: Report to the Appointed Officer and the TMCLS Whistleblowing Committee

An employee who intends to raise a concern may consult or raise their concerns to the Appointed Officer in person, by phone or in writing using the Whistleblowing Form (by letter or by email to whistleblower@tmclife.com). The Appointed Officer shall be authorised to receive any disclosure / whistleblowing report against all employees against all levels of staff.

All whistleblowing reports will be directed to members of the TMCLS Whistleblowing Committee and TMG Whistleblowing Committee, comprising of the members listed in Clause 2.9 & 2.10 above.

In making the whistleblowing report under this Policy, the Whistleblower consents to having their information being transferred to TMG Whistleblowing Committee for purposes of processing the complaint submission within Malaysia or outside of Malaysia.

The Appointed Officer is the **Head of the Group Legal Services**.

5.4 Option Two: Report directly to the Audit and Risk Management Committee

If the concerns of the Whistleblower remains unaddressed within two (2) weeks, the wrongdoing involves an Appointed Officer or a member of the TMCLS Whistleblowing Committee, or where the wrongdoing does not involve the Appointed Officer, but the whistleblower, in good faith, reasonably believes that the Appointed Officer or a member of the TMCLS Whistleblowing Committee may be personally conflicted (for instance, the Appointed Officer or a member of the TMCLS Whistleblowing Committee is an ally of the alleged wrongdoer) or implicated in the disclosure, the report needs to be made directly to the Chairman of the Audit and Risk Management Committee.

Attention : Chairman of the Audit and Risk Management Committee
Address : **Mark "Strictly Confidential"**
Level 11, No. 11, Jalan Teknologi, Taman Sains Selangor 1, PJU 5,
Kota Damansara, 47810, Petaling Jaya, Selangor, Malaysia
Email : ARMCchairman@tmclife.com

All whistleblowing reports sent to the Audit and Risk Management Committee or any of its members directly will be promptly escalated to the TMG Whistleblowing Committee within 48 hours, comprising of the members listed out in Clause 2.10 above. In making the whistleblowing report under this Policy, the whistleblower consents to having their information being transferred to TMG Whistleblowing Committee for purposes of processing the complaint submission within Malaysia or outside of Malaysia.

5.5 Information Required for Investigation:

(a) A disclosure shall include at least the following particulars:

- i. if the whistleblower is a Director, consultant specialist or employee of the Group, their name, designation, current address, contact numbers and relationship or interest, if any, in connection with the concerns raised;
- ii. if the whistleblower is not a Director, consultant specialist or employee of the Group, their name, name of employer and designation, current address, contact numbers and relationship or interest, if any, in connection with the concerns raised;
- iii. bases or reasons for their concerns, including granular details of the wrongdoing. For instance, such details would include the nature, the date, time, and place of its occurrence and the identity of the alleged wrongdoer;
- iv. particulars of witnesses, if any; and
- v. particulars or the production of documentary evidence, if any.

(b) The Whistleblower must leave a contact method via phone, address, email address or as required in the Whistleblowing Form (Refer to **Appendix I**).

(c) In the case of anonymous disclosures, the Whistleblower must endeavour to provide comprehensive and/or deemed sufficient information to warrant an investigation so that the Appointed Officer and TMCLS Whistleblowing Committee may decide to proceed with an investigation depending on the nature and severity of the allegations in the disclosure.

5.6 Who can disclose:

Any of the following Whistleblower can make a disclosure (anonymously or non-anonymously):

- The Group's Directors, consultant specialists and employees, including employees on permanent, contract, temporary, assignment, or secondment basis; and
- Stakeholders of the Group who are natural persons, not being incorporated or unincorporated bodies (e.g. third parties, agents, distributors, suppliers, patients etc.)

For the avoidance of doubt, no employee shall use his/her position to prevent other employees from exercising their rights or complying with their obligations as indicated in this Policy.

5.7 What to disclose:

A disclosure on improper conduct may be made if the Whistleblower has reasonable grounds to believe that the alleged wrongdoer has engaged, or is prepared to engage in an improper conduct, as prohibited by the Group or applicable laws and regulations.

Examples of improper conduct are outlined below in a non-exhaustive manner:

- Commission of unlawful acts;
- Criminal offences such as fraud, corruption, forgery, insider trading, abetting or intention to commit any criminal offence;
- Healthcare malpractices such as performance of unnecessary procedures, falsification of medical records, services and items upcoding and provision of fraudulent hospitalisation/sick leave;
- Unauthorised use of Group's monies, properties and/or facilities;
- Misappropriation of assets;
- Serious breaches and/or non-compliance with the Group's policies and procedures and/or Code of Conduct;
- Commission of acts which intimidate, harass and/or victimise any members of the Board of Directors, consultant specialists or employees of the Group;
- Involvement in conflict of interest and/or business opportunities positions;
- Acceptance, involvement or solicitation of a bribe, or a favour in exchange for direct or indirect personal benefits;
- Acceptance, involvement, or solicitation of corruption or fraud (which may include misrepresentation to the type or level of service provided or billing for items and services that have not been rendered or properly documented);
- Any irregularity or non-compliance with laws/regulations, and/or internal controls;
- Endangering the health or safety of an individual, the public or the environment;
- Dishonest and unethical behaviour, or violence at the workplace;
- Theft or misuse of the Group's resources or assets;
- Sexual harassment;
- Attempt to conceal information relating to improper conduct;
- Knowingly directing or advising a person to commit any of the above wrongdoings;
- Any other matters that may adversely affect the interests of the Group, its assets and its reputation; and
- Concealment of any of the above.

A wrongdoing may occur in the course of the Group's business or affairs or at any workplace, i.e. any related workplace of the Group's business or affairs, for example, on the Group's premises, at an event organised by the Group, or during a conference attended by the Group's employees or consultant specialists in the course of their work.

If a Whistleblower is unsure whether a particular act or omission constitutes a wrongdoing under this Policy, the Whistleblower is encouraged to seek advice or guidance from the Appointed Officer.

Where the Group Chief Human Resources Officer has reasons to believe that an improper conduct(s) has/have occurred, pursuant to any internal investigation by the Group Human Resources under the TMCLS's Grievance Procedure and Policy (Doc. Control No.: GHR/SOP/005), then the Group Human Resources shall report the misconduct to the Appointed Officer pursuant to this Policy.

This Policy does not apply to grievances concerning an individual's terms of employment or an employee performance matter and such matters shall be dealt with in accordance with TMCLS's Grievance Procedure. Should it be determined during the preliminary investigation that the matter disclosed does not fall within the scope of this Policy, such matters will be transferred and dealt with by the appropriate personnel of the relevant department for appropriate procedures and actions to be taken.

5.8 When to disclose:

A whistleblower shall come forward with any information or document(s) that he, in good faith, reasonably believes in and discloses a wrongdoing, which is likely to have happened, is being committed or has been committed.

The whistleblower needs to demonstrate that he has reasonable grounds for the concerns. It is therefore very important to provide supporting evidence to enable the matter to be investigated promptly.

If the whistleblower knows as a matter of fact that there are reasonable grounds of suspicion that a wrongdoing is going to take place, such genuine concerns shall be raised as soon as he has sufficient grounds to believe that the wrongdoing is taking place or will take place.

5.9 In Cases of Conflict:

(a) The whistleblower may report the same disclosure to the Audit and Risk Management Committee directly (which may be for different level of disclosure) if:

- the status of the disclosure is not communicated to the whistleblower within two (2) weeks;
- the wrongdoing involves an Appointed Officer; or
- where the wrongdoing does not involve the Appointed Officer but the whistleblower, in good faith, reasonably believes that the Appointed Officer may be personally conflicted (for instance, the Appointed Officer is close to the alleged wrongdoer).

(b) If a member of the Governing Party or an Appointed Officer is implicated or is alleged to be implicated in the wrongdoing which is the subject of the disclosure by the Whistleblower, other members of the Governing Party who is in receipt of such disclosure **shall not share any information** of such disclosure to the implicated Governing Party or Appointed Officer.

Such Governing Party or Appointed Officer shall not be involved in any investigations into such disclosure.

(c) As soon as it is reasonably practicable and legally permissible, other members of the Governing Party will, as it considers appropriate, write to the whistleblower who has reported the matter in good faith:

- acknowledging that the concern has been received;
- requesting for further information from the whistleblower;
- informing the whistleblower whether further investigations will take place, and if not, the reason for not proceeding further; and/or
- advising the status or outcome of any investigation.

6.0 Reporting Flow of the Assessment and investigation

6.1 Reporting to an Appointed Officer and the Whistleblowing Committee

(a) First, the Whistleblower shall make an initial disclosure in person, by phone, in writing via the Whistleblowing Form to the Appointed Officer. With respect to the disclosure against personnel, consultant specialist or member of the Board, the disclosure is best raised in writing through a Whistleblowing Form and submitted via email or hardcopy with the subject of the email or hardcopy clearly specifying the appropriate leveled Appointed Officer for secured internal routing.

(b) The Appointed Officer will acknowledge to the Whistleblower that the concern has been received within **three (3) working days** from the date of the initial disclosure assuming the

Whistleblower have left a contact method. A copy of the Whistleblowing Form will be shared directly to the TMCLS Whistleblowing Committee.

- (c) The Appointed Officer shall provide an initial assessment of the disclosure and provide an opinion if the wrongdoing was indeed committed. The Appointed Officer shall communicate the status of the disclosure to the Whistleblower within **two (2) weeks** from the date of the initial disclosure **with a copy shared with the TMCLS Whistleblowing Committee** and the TMG Whistleblowing Committee.

The status of such disclosure may include informing the Whistleblower whether an investigation has commenced.

- (d) In the event that an initial assessment into the alleged wrongdoer and/or disclosure may require longer than two (2) weeks from the date of the initial disclosure, this will also be communicated to the Whistleblower **within two (2) weeks from the date of the initial disclosure**. Thereafter, the Whistleblower shall be updated on the status of the investigation every two (2) weeks up to the resolution of the disclosure.
- (e) The Appointed Officer shall assess the disclosure and in turn shall lead the investigation with an Investigation Team and provide an opinion if the wrongdoing was indeed committed. The persons, teams, or committees responsible to conduct an investigation in accordance with this Policy shall be referred to as the **“Investigation Team”**.
- (f) The Appointed Officer shall report to the TMCLS Whistleblowing Committee and the Chairman of the ARMC, based on his assessment, the outcome of the investigation and recommendations for further steps to be taken by the Group.
- (g) After the Appointed Officer has concluded the investigation, this will be communicated to the Whistleblower **within two (2) weeks** thereafter or as soon as reasonably practicable after the resolution of the investigation.
- (h) In the event the disclosure is rejected, the Appointed Officer shall inform the Whistleblower within **two (2) weeks** from the date of its decision. A disclosure may be rejected on the following occasions:
- If the disclosure is not substantiated with comprehensive and/or deemed sufficient information to warrant an investigation;
 - There are no reasonable grounds to believe that a criminal offence has been committed by the alleged wrongdoer;
- (i) It is to be noted that the investigation into the disclosure should be finalized as soon as practicable and given priority, particularly if the wrongdoing is capable of causing significant or financial or reputational harm to the Group. However, in the event that the investigation may take more than two (2) weeks from the date of the initial assessment due to the severity and nature of the allegations, the Appointed Officer shall communicate this to the Whistleblower within **one (1) week from the date of the expiry of two (2) weeks from the date of the initial disclosure**.
- (j) The Chairman of the ARMC will be notified of all disclosures by the TMCLS Whistleblowing Committee **within 24 hours**. The Chairman of ARMC should also be updated regularly of the investigations and conclusion of the investigation and actions taken or to be taken.
- (k) If the disclosure is material, politically sensitive, likely to be of public interest or involves a member of the senior management or board, the **Chairman of the TMCLS Board** must be informed of the case **immediately** with regular updates of the investigation and conclusion of the investigation and actions taken or to be taken.

6.2 Reporting to the Audit and Risk Management Committee of TMCLS

- (a) This Policy provides an avenue for such Whistleblower to make formal disclosures for escalation through the Audit and Risk Management Committee in the event that the concerns of the Whistleblower remain unaddressed within two (2) weeks by the Appointed Officer, the wrongdoing involves an Appointed Officer or a member of the TMCLS Whistleblowing Committee, or where the wrongdoing does not involve the Appointed Officer or a member of the TMCLS Whistleblowing Committee, but the Whistleblower, in good faith, reasonably believes that the Appointed Officer or a member of the TMCLS Whistleblowing Committee may be personally conflicted or implicated in the disclosure.
- (b) Within 48 hours upon receipt of the whistleblowing report, the Audit and Risk Management Committee shall escalate the report to the TMG Whistleblowing Committee.
- (c) The Audit and Risk Management Committee will acknowledge that the concern has been received within **three (3) working days** from the date of the initial disclosure assuming the Whistleblower have left a contact method.
- (d) Thereafter, the members of the Audit and Risk Management committee will then carry out an initial assessment to determine the scope of the investigation (i.e., what is it they are investigating and how will they investigate it). The Whistleblower may be required to provide further information as part of this assessment. In the event that this is required, the Audit and Risk Management Committee will request the Whistleblower for more information **within two (2) weeks** from the date of acknowledgment of the initial disclosure by the Audit and Risk Management Committee.
- (e) The Audit and Risk Management Committee will keep the Whistleblower informed of the progress of the investigation and its likely timescale **every two (2) weeks** from the date of the initial disclosure or soon as reasonably practicable or where legally permissible. The Audit and Risk Management Committee will also advise the status or outcome of any investigation.
- (f) After the Audit and Risk Management Committee has made a decision, this will be communicated to the Whistleblower **within thirty (30) days** from the date of the initial disclosure to the Audit and Risk Management Committee or as soon as reasonably practicable after the resolution of the disclosure.
- (g) Where necessary, the Audit and Risk Management Committee may appoint an external third party (investigator and/or solicitors) or an Investigation Team to complete the investigation. The Whistleblower's identity, if it has been provided, may be disclosed to these persons. In the event that this occurs or where further investigations will take place for resolution of the disclosure, the Audit and Risk Management Committee shall communicate this to the Whistleblower.

At all material times, the Appointed Officer and/or external third party (if necessary) will take all reasonable steps to keep the Whistleblower identify confidential, unless the Whistleblower consent otherwise or where disclosure is required by law.

- (h) In the event the disclosure is rejected or if there are reasons the Appointed Officer will not be proceeding further, the Appointed Officer shall inform the Whistleblower **within two (2) weeks** from the date of his decision.
- (i) If the Audit and Risk Management Committee has reasonable grounds to believe that a criminal offence has been committed by an alleged wrongdoer pursuant to the information provided by a Whistleblower, the Audit and Risk Management Committee may make an official report to the authorities. In the event that this occurs, the Audit and Risk Management Committee may inform the Whistleblower **within two (2) weeks** from the date of the investigation by the Appointed Officer and/or Investigation Team.

6.3 Reporting to Thomson Medical Group Limited (“TMG”)

All cases shall be escalated to TMG Whistleblowing Committee via the email address: whistleblower@tmclife.com. A summary of all whistleblowing cases including the results of investigations and actions taken must be reported to the TMG Audit and Risk Committee at its quarterly meetings which are usually held in August, November, February and May of each financial year.

- 6.4 Where a major misconduct points towards a significant weakness in the Group’s internal control functions, the ARMC of TMCLS shall determine whether a further investigation or an in-depth evaluation of the internal control systems is warranted.
- 6.5 Where necessary, the ARMC of TMCLS reserves the right to consult with legal counsels and independent experts based on the subject matter of whistleblowing report.
- 6.6 The ARMC of TMCLS shall undertake any other corrective actions based on the best interest of the Group.

7.0 Reporting to enforcement agencies

- 7.1 Depending on the nature of the disclosure made by the whistleblower, the Group may be required to report the disclosure to enforcement agencies such as the Malaysian Anti-Corruption Commission, Securities Commission, Bursa Malaysia Securities Berhad, Companies Commission of Malaysia or the Ministry charged with responsibility of health. The disclosure to enforcement agencies shall be undertaken by the GCEO upon the approval of the Audit and Risk Management Committee and/or Board.
- 7.2 If the misconduct pertains to a medical practitioner, the Group may report to the Malaysian Medical Council (the “Council”). The Council has disciplinary jurisdiction over all persons that are registered under **Section 29(1) of the Medical Act 1971**. Persons who have been convicted, guilty of misconduct and obtained registration via fraudulent means shall be subjected to disciplinary punishment. The disclosure to the Council shall be undertaken by the GCEO upon the approval of the Audit and Risk Management Committee and/or Board.
- 7.3 In the case of incident reporting pursuant to **Regulation 13(1) of the Private Healthcare Facilities and Services (Private Medical Clinics or Private Dental Clinics) Regulations 2006**, the Group shall report in writing to the Director General (or person authorised by the Director General) the next working day after an incident has occurred or immediately after the Group has reasonable cause to believe that the incident has occurred. As defined in **Regulation 13(2) of the Private Healthcare Facilities and Services (Private Medical Clinics or Private Dental Clinics) Regulations 2006**, the incident shall include:
- (a) Death of patients of the private medical clinic from unexplained cause or under suspicious circumstances that are required to be reported to the police;
 - (b) Fire in the private medical clinic resulting in death or personal injury;
 - (c) Assault or battery of patients of the private medical clinic by staff; or
 - (d) Malfunction or intentional or accidental misuse of patient care equipment that occurs during treatment or diagnosis of a patient of the private medical clinic or private dental clinic and that did, or if not averted would, have significant adverse effect on the patient or staff of the private medical clinic or private dental clinic, whichever is relevant to the incident.
- 7.4 In reference to **Chapter 15.16 of the Main Market Listing Requirements by Bursa Malaysia Berhad**, in the event the ARMC of TMCLS is of view that a disclosure reported to the Board of Directors was not satisfactorily resolved and thus, resulting in a breach of the Main Market Listing Requirements of Bursa Malaysia Securities Berhad, the ARMC of TMCLS shall immediately report the matter to Bursa Malaysia Securities Berhad.

- 7.5 All Directors, consultant specialists and employees of the entities of the Group are required to comply with **Section 25(1) to (4) of the Malaysian Anti-Corruption Commission Act 2009**. **Section 25(1) of the Malaysian Anti-Corruption Commission Act 2009** states that: “Any person to whom any gratification is given, promised or offered, in contravention of any provision of this Act shall report such gift, promise or offer together with the name, if known, of the person who gave, promised or offered such gratification to him to the nearest officer of the Commission or police officer”. Directors, consultant specialists and employees should report any improper conduct, as set out under **Paragraph 5.4**, directly to the Chairman of the ARMC of TMCLS and after consultation with the ARMC members, report the matter to the Commission or police officer. The disclosure reported shall be made in writing and the whistleblower shall include information reported to the Chairman of the ARMC of TMCLS and Commission or police officer, as the case may be.
- 7.6 Protection accorded to whistleblowers who lodge a report to the enforcement agencies shall be dealt with in accordance to **Section 7(1) of the Whistleblower Protection Act 2010** as opposed to the protection mechanisms outlined in this Policy.

8.0 Being informed and having the opportunity to be heard

- 8.1 Co-operation by parties involved shall encompass the following:
- (a) The whistleblower shall be informed of the status of his disclosure as far as reasonably practicable;
 - (b) The whistleblower and the alleged wrongdoer are expected to give their full co-operation in any investigation or any other process carried out pursuant to this Policy;
 - (c) In the event the whistleblower is implicated or discovered to be or have been involved in any wrongdoing, the whistleblower may also be investigated so as to complete the fact-finding process.

An investigation conducted by the Appointed Officer and his team (collectively referred to as the “Investigation Team”) under this Para 8.1(c) shall not be treated as a reprisal against the whistleblower. The whistleblower may be requested to attend a meeting to discuss the allegations and must take all reasonable steps to attend that meeting.

- 8.2 The right to defend or appeal:
- (a) Prior to a meeting before the Investigation Team, the alleged wrongdoer, should he be a consultant specialist or an employee of the Group, shall respond to a Show Cause Letter prepared by the GCEO; and
 - (b) The alleged wrongdoer shall be asked to attend a meeting with the Investigation Team to discuss the allegations and must take all reasonable steps to attend the meeting. He shall be given an opportunity to answer the allegations at the meeting for an appeal against him/her.

9.0 Confidentiality of identity

- 9.1 The Group will protect the identity of the whistleblower who made the report in good faith. Such information will be held to the extent legally permissible and reasonably practicable, in the strictest confidence, both by the Group and the whistleblower(s) (i.e. the whistleblower’s identity shall be protected and kept confidential unless otherwise required by the law or for the purpose of any proceedings by/or against the Group).

However, it must be appreciated that any report that may or have to be made to the enforcement agencies or authorities, the Group may reveal the source of the information, and a statement by the whistleblower(s) may be required as part of the evidence. Further, the Group may be compelled by law or required by the relevant enforcement agencies or authorities to disclose the identity of the whistleblower. In such circumstances, the Group will inform the whistleblower prior to disclosing his or her identity to the relevant enforcement agencies or authorities.

- 9.2 In order to maintain confidentiality, no information concerning the identity of the whistleblower, the status of an investigation or deliberation on the outcome of the investigation shall be divulged to

anyone outside the remit of the investigation. The proper response to any inquiry is: "I am not at liberty to discuss this matter". Under no circumstances shall any reference be made to "the allegation", "the crime", "the fraud", "the forgery", "the misappropriation" or any other specific adverse reference.

- 9.3 Once the whistleblower has provided the disclosure, he shall be informed of the following:
- (a) not to contact the alleged wrongdoer in an effort to determine facts or demand restitution; and
 - (b) not to discuss the case, facts, suspicions, allegations, or any other information related to the cause with anyone.
- 9.4 The whistleblower's identity may be revealed under the following circumstances:
- (a) where it is required by the law, enforcement agency, regulatory body or such other body that has the jurisdiction and authority of the law to require such identity to be revealed;
 - (b) where it is in the best interest of the Group to disclose the identity of the whistleblower's identity after the concurrence of the Board; or
 - (c) the disclosure by the whistleblower was frivolous and in bad faith or for personal gain.

10.0 Protection and revocation of protection

- 10.1 The Group recognises that the decision by the whistleblower, particularly an employee to report any one or more of the matters set out in **Paragraph 5.9** above, may be a difficult one to make, including concerns or reprisals by those responsible for such matters.
- 10.2 The Group shall not tolerate harassment or victimisation of any whistleblower, and shall ensure that such individual who makes a disclosure in good faith:
- (a) will not be penalised or will not suffer any adverse treatment for doing so; and
 - (b) will be protected to ensure that the individual is not personally disadvantaged in the organisation by having made the report, including, if necessary, filing an appeal to ARMC of TMCLS.
- 10.3 Any individual who retaliates against a whistleblower (who report an event in good faith) will be subjected to disciplinary action, including termination of contract, and/or legal action by the Group.
- 10.4 However, any individual who makes a report recklessly without having reasonable grounds for believing the matter to be substantially true, or a frivolous report or makes a report for purposes of personal gain or maliciously, may be subject to appropriate action(s) by the Group.
- 10.5 The Group wishes to maintain an open and transparent culture and to this end, disclosures made in good faith and for the benefit of the Group will be considered seriously. In order to facilitate effective investigation, the whistleblower must be prepared to assume responsibility for his actions.
- 10.6 Upon making a disclosure in good faith, based on reasonable grounds, in accordance with the procedure pursuant to this Policy:
- (a) the whistleblower shall be protected from reprisal within the Group as a direct consequence of his disclosure;
 - (b) the whistleblower shall not be subject to a civil action by the Group; and
 - (c) the whistleblower shall have protection from detrimental action.
- 10.7 The whistleblower's protection shall be revoked if a person is found to have:
- (a) participated in the improper conduct disclosed;

- (b) made a disclosure in which he knew or believed to be false (for instance, dishonest, frivolous mischievous or malicious complaints); or
- (c) made a disclosure of improper conduct which principally involves questioning the merits of policy pronouncement by the government, including the policy of a public body.

10.8 Disclosures that are pending or already determined through the Group's disciplinary proceedings, and disclosures pending through local or international authorities such as the courts, arbitration bodies, or other similar proceedings shall not be further acted upon by the Group, whether the whistleblower was aware or not of the situation upon disclosure.

11.0 Administration

11.1 This Policy, which accords in spirit with the requirements of the relevant legislations and regulatory promulgations, shall be reviewed, at the Board's discretion, and amended from time to time, as and when necessary. Changes to the Policy, if any, shall only be made with the Board's approval in writing.

11.2 This Policy shall be held in custody of, and filed by, the Group Legal Services department.

11.3 The reporting flow in this Whistleblowing Policy may be used pursuant to any internal investigation of misconduct by the Group Human Resource department under the Grievance Procedure and Policy (Doc. Control No.: GHR/SOP/005) in accordance with Clause 5.7 of this Policy.

Whistleblowing Form

A. PARTICULARS OF WHISTLEBLOWER

Name
(As per NRIC/ Passport)
: _____

NRIC/ Passport no.
: _____

Employee no.*
: _____

Designation*
: _____

Department*
: _____

Correspondence address
: _____

Contact no. H/P : _____ Office: _____

Email address (if any)
: _____

** For the Group's employees only*

B. PARTICULARS OF ALLEGED WRONGDOER

Name of the Alleged
Wrongdoer committing
Improper Conduct
: _____

Designation (if known)
: _____

Department (if known)
: _____

C. DETAILS OF THE IMPROPER CONDUCT

1) Is there any relationship between the Whistleblower and Alleged Wrongdoer? Yes No Unknown
Please mark (X) where applicable

If Yes, please specify
: _____

2) Has the improper conduct been committed or about to be committed? Has happened Others, please specify:

Please mark (X) where applicable.

Suspect to happen _____

3) Does this disclosure falls under a minor or major improper conduct?
Please refer to TMCLS's Code of Conduct for examples of minor and major improper conducts.

Minor Major Unknown

4) Is the improper conduct considered as an isolated event or has a recurring pattern?
Please mark (X) where applicable

Isolated Recurring Unknown

5) Nature of the improper conduct – *Please mark (X) where applicable*

- Involvement in illegal or unlawful activities (e.g. fraud, corruption, bribery, theft, insider trading, blackmail, forgery, etc.)
- Conflict of interest
- Non-compliance to legislations,
- Non-adherence to Group's policies and procedures and/ or Code of Ethics and Conduct
- Medical malpractices
- Exposure of the Group or an individual to the risk of health and safety, including acts of sexual harassment
- Unauthorised or misuse of the Group's funds, assets and/ or facilities
- Disclosure of the Group's confidential information including products or service without proper authorisation
- Mismanagement and/or abuse of position
- Concealment of any of the above
- Others, please specify:

—

6) Please specify further details on the occurrence of improper conduct below (if it occurred):

Date of occurrence :

Time of occurrence :

Place of occurrence :

Comments (if any) :

7) Have you previously made a disclosure/complaint of the improper conduct to any external authorities or enforcement agencies?

Yes

No

If Yes, please provide the following particulars:

Name of authority receiving the disclosure/complaint :

Designation (if applicable) :

Department (if applicable) :

Date the disclosure/complaint was made :

Status of the disclosure/ Complaint (if known) :

D. WITNESS(ES)

Were there any other witnesses to support the improper conduct?

Yes

No

If Yes, please specify the following particulars:

Name : _____ Name : _____

Designation : _____ Designation : _____

Department : _____ Department : _____

Contact no. : _____ Contact no. : _____

Email : _____ Email : _____

E. SUPPORTING DOCUMENTS

Do you have any documents to support your concern? (If Yes, please attach)
Please mark (X) where applicable

Yes

No

F. OTHER COMMENTS

If you have any other comments, please comment below:

DECLARATION

- I hereby declare that all the information given herein are made voluntarily and true to the best of my knowledge.
- I understand that I will be entitled to the whistleblower protection from the Group as prescribed under **Paragraph 10.0** in the Group's Whistle-blowing Policy.
- I understand that in the event I have made this Disclosure maliciously or in bad faith, the whistleblower protection prescribed under **Paragraph 10.0** will no longer be applicable to me and I may be subjected to disciplinary or legal proceedings by the Group.

Please forward this Whistleblowing Form together with any supporting documents to the following email:

Signature : _____

Staff no. : _____

Designation : _____

Date : _____