



**MAJUPERAK HOLDINGS BERHAD**

[Registration No.: 200201017726 (585389-X)]

# **WHISTLEBLOWING POLICY**

*Aras 1, Bazar Ipoh, Jalan Sultan Nazrin Shah, 31350 Ipoh, Perak. Tel: 05-2262888 Fax: 05-2262889  
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***(Approved by MHB Board of Directors on 28 August 2023)***

### 1. INTRODUCTION

**MAJUPERAK HOLDINGS BERHAD** (“MHB” or “Company”) and its subsidiaries (“MHB Group”) are committed to the highest standard of integrity, openness, and accountability in the conduct of its businesses and operations. It aspires to conduct its affairs in an ethical, responsible, and transparent manner.

In recognizing the abovementioned values, MHB Group provides an avenue for all employees of MHB Group and members of the public to disclose any improper conduct within MHB Group.

### 2. OBJECTIVE

The intended objectives of this policy are:

- a) To provide avenues for the employees to raise concerns and define ways to handle these concerns;
- b) To enable the management of MHB Group to be informed at an early stage about acts of misconduct;
- c) To reassure the employees that they will be protected from punishment or unfair treatment for disclosing concerns in good faith in accordance with this policy; and
- d) To help develop a culture of integrity, openness, and accountability.

### 3. WHISTLEBLOWING

Whistle-blowing is a specific means by which an employee can report or disclose through established channels, concerns about any violations of the Code of Conduct, unethical behavior, malpractices, illegal acts, or failure to comply with regulatory requirements that are taking place, has taken place or may take place in the future.

This policy presumes that employees will act in good faith and will not make false accusations when reporting misconduct by MHB Group’s employees. An employee who knowingly or recklessly makes statements or disclosures that are not in good faith may be subjected to disciplinary procedures, which may include termination of employment.

### 4. CHANNEL AND STRUCTURE

Any person may report allegations of suspected serious misconduct or any breach of law or regulation that may adversely impact MHB Group and its customers, shareholders, employees, investors, or the public.

Acts of misconduct may be disclosed in writing, telephonically, or in person. However, all reports are encouraged to be made in writing as prescribed Whistleblower Form, (enclosed in **Appendix A**), so as to assure a clear understanding of the issues raised.

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The established channels for whistle-blowing reporting are as follows:

Reporting Against	Report To
The Company's Employees (Including Head of Department)	Head of Internal Audit
C-Suite	Audit Committee
Audit Committee (Including Head of Internal Audit)	Executive Chairman or Chairman of the Board
Chairman or Executive Chairman of the Board	Audit Committee

a) If for any reason, it is believed that reporting to management is a concern or not possible or appropriate, then the concern should be reported to the right channels.

- i. Email : [integrity@majuperak.com.my](mailto:integrity@majuperak.com.my)  
Attention to:  
Head of Internal Audit and Head of Integrity
- ii. Mail : Mark Strictly Confidential
- iii. Address : Majuperak Holdings Berhad  
Aras 1, Bazar Ipoh,  
Jalan Sultan Nazrin Shah,  
31350 Ipoh,  
Perak Darul Ridzuan

### 5. ACTION

The Company shall treat all reports or disclosures as sensitive and will only reveal information on a "need to know" basis or if required by law, court, or authority. The identity and particulars of the employee shall also be kept private and confidential unless the employee chooses to reveal his/her identity.

All reports will be investigated promptly by the person receiving the report or disclosure. If required, he can obtain assistance from the appropriate departments within MHB Group.

Upon completion of the investigation, an appropriate course of action will be recommended to the Audit Committee\* for their deliberation no later than at the next scheduled meeting. Decisions taken by the Audit Committee\* will be implemented immediately. Where possible, steps will also be implemented to prevent a similar situation from arising.

*Note: \* If the Audit Committee members are involved, the decision shall be made by other channels listed in the policy (other than the Audit Committee)*

**6. MAJUPERAK HOLDINGS BERHAD APPENDIX (A) - WHISTLEBLOWER FORM**

**SUBMITTED BY:**

Date	
Name	
Identity Card No.	
Staff ID	
Unit/Department	
Position	
Mobile No.	
Office Phone No.	
E-mail Address	
Complaint Against (Name / Department)	

**Issues of Concern – Please mark (X) where applicable**

- |   |  |
|---|--|
| <input type="checkbox"/> Involvement in illegal or unlawful activities<br>E.g. theft, fraud, corruption, bribery, insider trading, or blackmail | <input type="checkbox"/> Wasteful conduct causing significant adverse impact or material financial loss to the Company   |
| <input type="checkbox"/> Un-procedural conduct e.g. non-compliance to the organization's policies or regulations or rules                       | <input type="checkbox"/> Involve in conflict of interest and/or business opportunities position  |
| <input type="checkbox"/> Disclosure of the organization's private and confidential information without proper authorization                     | <input type="checkbox"/> Exposure of the organization's properties, facilities, and/or staff of the organization to the risk of safety, health, and security including acts of sexual harassment |
| <input type="checkbox"/> Negligence/unprofessional conducts that has a serious negative impact on the Company                                   | <input type="checkbox"/> Involvement in activities that intimidate, assault, and/or victimize any Directors or employees of the organization   |
| <input type="checkbox"/> Unauthorized use of the organization's money, properties, and/or facilities  | <input type="checkbox"/> Unethical conduct e.g. conduct that undermines universal and core ethical values such as integrity, respect, honesty, fairness, accountability, etc.                    |
| <input type="checkbox"/> Others, to elaborate<br>_____  |  |



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Signature of the Informant /  
Complainant : \_\_\_\_\_  
Date : \_\_\_\_\_

**Supporting Documents – Please mark (X) where applicable**

**Do you have any documents to support your concern? (If yes, please attach)**

Yes     No     Others, prefer to submit when meeting with the authorized person

**Acknowledge Receipt by The Company Authorized Person**

Received By : \_\_\_\_\_ (Signature)  
Name : \_\_\_\_\_  
Date : \_\_\_\_\_  
Time : \_\_\_\_\_