

This form should be completed by employees and members of the public to report any suspected and/ or known improper conduct (misconduct or criminal offence) concerning Nando's.

If you are employee of the Nando's who is reporting the suspected and/ or known improper conduct, you are required to state your name, employee number, designation, department, company, current address contact number and e-mail address.

If you are not an employee of the Nando's, you are required to state your name, name of employer, designation, current address, contact number and e-mail address.

When describing the suspected and/ or known improper conduct, please provide as much of the following information: Use additional pages if necessary.

Usage of Medium Language (written/ oral) can be in Bahasa Malaysia or English Language.

Who? Who is involved? If it involves third parties, what are the names of the businesses, who owns them, and where are they located? Who else knows about the improper activities? Who are the witnesses who can shed more light into the suspected and/ or known improper conduct or are able to confirm that they occurred? How can these witnesses be contacted?

What? What specifically did the suspect do? What is wrong with it? Are there laws or regulations that govern what the suspect did? What documents are you able to provide as evidence of the improper conduct?

Where? Where did the improper conduct take place? Which department, division etc.?

When? When did the improper conduct happen? Is it ongoing? How frequently has it occurred?

Why? What was the suspect's motive? What did the benefit from the improper conduct?

How? How did the improper conduct happen? Was there a lack of controls, circumvention of controls, or collusion with other individuals?

If you have additional questions or require clarification, please contact whistleblower@nandos.com.my

(*) Denotes mandatory field

| A. PERSONAL PARTICULARS OF WHISTLEBLOWER | | | | |
|--|--------|-----------|---------|-----------|
| Name* | | | | |
| Employee No.* <i>(for employees only)</i> | | | | |
| Designation | | | | |
| Department | | | | |
| Name of Employer* | | | | |
| E-mail Address* | | | | |
| Telephone No.* | | | | |
| Correspondence Address* | | | | |
| Preferred method of communication* <i>(Please tick the appropriate box)</i> | E-mail | Telephone | Website | Interview |
| | | | | |
| B. INFORMATION OF THE SUSPECT(S) INVOLVED IN THE IMPROPER CONDUCT | | | | |
| <i>Please use additional sheet(s) if there are more than two suspects</i> | | | | |
| Who is (are) the suspect(s)?* | | | | |
| Name of Suspect 1 <i>Who is involved?</i> | | | | |
| Designation | | | | |
| Department | | | | |
| Company | | | | |
| Relationship between Whistleblower and Suspect 1 | | | | |
| Name of Suspect 2 <i>Who is involved?</i> | | | | |
| Designation | | | | |
| Department | | | | |
| Company | | | | |
| Relationship between Whistleblower and Suspect 2 | | | | |

| C. DETAILS OF WITNESS(ES) WHO ARE ABLE TO CONFIRM THE IMPROPER CONDUCT (IF ANY) | |
|--|--|
| <i>Please use additional sheet(s) if there are more than two witnesses</i> | |
| Who is (are) the witness(es)? | |
| Name of Witness 1 | |
| Designation | |
| Department* | |
| Company* | |
| Telephone No. | |
| E-mail Address | |
| Name of Witness 2* | |
| <i>Who is the witness?</i> | |
| Designation | |
| Department* | |
| Company* | |
| Telephone No. | |
| E-mail Address | |
| D. DETAILS OF THE IMPROPER CONDUCT | |
| <i>Briefly describe the improper conduct and how you know about it. Specify who, what, where, when, why and how. If there is more than one allegation, number each allegation and use as many sheets as necessary.</i> | |
| What did the Suspect(s) do?* | |
| i. Nature of the Improper Conduct | |
| ii. Frequency of the Improper Conduct | |
| iii. Items or Material Involved (<i>i.e. Cash, Watch, etc.</i>) | |
| iv. Estimated or exact Amount Involved | |
| Where did the occur?* | |
| Place. | |
| When did the occur?* | |
| Date and Time. | |

| | | |
|--|-----|----|
| Why did it occur? | | |
| How did it occur? | | |
| Is there any documentary evidence? <i>Please describe the documentary evidence and attach a copy of evidence that you have already in your possession to this form. If you do not have them, please indicate where the documents can be found.</i> | | |
| D. PREVIOUS REPORT TO LOCAL AUTHORITIES, IF ANY | | |
| Have you lodged a report of the Improper Conduct through any local or international Authorities? <i>(Tick the appropriate box)</i> | Yes | No |
| | | |
| Report/ File Reference No. | | |
| Name of Party of Authority Receiving the Report | | |
| Position and Department | | |
| Date of Report | | |
| Status of Report <i>Please attach a copy of the report made to the internal or external party or authorities.</i> | | |
| F. ADDITIONAL COMMENTS <i>Please use additional sheet(s) if necessary</i> | | |
| Do you have any other details or information regarding the improper conduct which would assist us in the investigation? | | |
| G. DECLARATION OF GOOD FAITH* | | |

I hereby declare that all information given herein is made in good faith and voluntarily to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that NANDO'S will use the information, document and material provided throughout the investigation process.

I further agree that the information provided herein may be forwarded to a department/ authority/ enforcement agency for purposes of investigation.

I fully understand that by signing this Form, I will be entitled to whistleblower protection from the NANDO'S as set out in NANDO'S Whistleblowing Policy. I also fully understand that in the event I have made this report maliciously or in bad faith, the whistleblower protection stated in NANDO'S Whistleblowing Policy will not be applicable to me and I may be subject to disciplinary or legal proceedings by NANDO'S .

(Signature)

Name:

Date:

H. FOR OFFICE USE ONLY

| | |
|--|--|
| Name of Designated Officer who received the Whistleblower report | |
| Date when Whistleblower report received by Designated Officer | |
| Case Reference No. | |
| Remarks/ Conclusion | |