



Esthetics International Group Berhad

Report on Whistle Blowing

A. Details of suspect

Name of person alleged : _____

Designation of person alleged: _____

Name of the department or subsidiary: _____

Description of the alleged wrongdoing: (including date, time location of the incident and to attach any evidence or document where applicable)

B. Act in Good Faith

Your act of reporting the wrongdoing committed by the alleged person signified that you have read the Company's Whistleblower Policy and you are making the report in good faith.

C. Contact of Whistle blower

Name: _____

Phone: _____

Email: _____

Address: _____

D. Declaration

I declare that the report is made by me without malicious intent, not carelessly but is made after due and careful inquiry.

Signature

Date