

WHISTLE-BLOWING POLICY

(Effective from 15 June 2017)

TABLE OF CONTENTS

1.	OBJECTIVE AND SCOPE	1
2.	PRINCIPLES	1
3.	REPORTING PROCEDURES	2
	3.1 Form of Reporting	2
	3.2 Reporting Anonymously	2
	3.3 To Whom Should Disclosures be made:	
4.	HANDLING OF WHISTLEBLOWING AND ACTION	3
5.	REVIEW	3

APPENDIX 1 - WHISTLEBLOWING FORM

1. OBJECTIVE AND SCOPE

This Policy is designed with the objectives to:

- a) support A-Rank's commitment to develop and maintain a high standard of corporate governance and business integrity;
- b) serve as an internal platform for directors and employees of the Group to report or disclose information of malpractice or any wrongdoings; and
- c) provide a transparent and confidential process for dealing with concerns.

The scope of this policy is applicable and covering to all companies within A-Rank's Group ("the Group"). All employees (whether permanent, contract, part-time or casual), Directors, Shareholders, Consultants, Vendors, Contractors, Outside agencies or any other parties with a business relationship with the Group are encouraged to disclose any wrongdoing that may adversely impact the Company.

The following is a non-exhaustive list of wrongdoing or improper conduct under the scope of this Policy:

- fraudulent;
- corruption, bribery or blackmail;
- criminal offences;
- failure to comply legal requirement or regulatory obligation;
- miscarriage of justice;
- endangerment of an individual's health and safety;
- misuse of company resources and assets;
- misappropriation of monies, forgery, cheating and breach of trust;
- sexual harassment; and
- concealment of any of the above.

DEFINITIONS

a) Whistleblowing

This occurs when an employee / stakeholder raises a genuine concern about a wrongdoing or improper conduct that he/she is reasonably believes and aware of through his/her involvement in working or dealing.

b) Whistleblower

A person either an employee or any stakeholder who is disclosing or reporting a concern of wrongdoing or improper conduct.

2. PRINCIPLES

The principles underpinning the policy are as follows:

a) Fairness and confidentiality

All concerns raised will be treated fairly, properly and confidentially.

b) Reporting in Good Faith and No Retaliation

The Policy is meant to protect genuine whistle blowers from any unfair treatment as results of their report. The Group prohibits discrimination, retaliation or harassment of any kind against a whistle blower and ensure that no disciplinary action will be taken against the whistleblower if he/she is an employee of the Group who submits a complaint or report in good faith.

However, the Group does not extend this assurance to someone who maliciously raises a matter concern which he/she knows is untrue. The Group will take disciplinary action against any employee or execute legal action against any stakeholder who makes a false report, makes an allegation maliciously for personal gain and intentionally makes accusations and defamatory reports. The Policy strictly prohibits frivolous and bogus complaints.

3. REPORTING PROCEDURES

- 3.1 Form of Reporting
 - a) A disclosure of wrongdoing or improper conduct can be made verbally or in writing.
 - For verbal disclosures, it is advisable to be recorded in writing by the Investigator and signed by the whistleblower in order to avoid any misunderstanding or misinformation.
 - For written disclosure by way of a letter, delivered either by hand or by post, the letter must be properly sealed in an envelope labeled "Private And Confidential Do Not Open If Not the Addressee".
 - For written disclosure by any electronic media, it must be delivered directly to the persons as per Section 3.3 To Whom Should Disclosures be made.
 - b) The content of report shall contain the following information:
 - Particulars of the whistleblower (name, address, phone number etc);
 - Details of concern matter such as date, place and time of occurrence;
 - Supporting evidence or useful information;
 - Employees or parties involved or suspected or witnesses to the incidence; and
 - Other relevant information

3.2 Reporting Anonymously

A whistleblower may choose to remain anonymous. However, maintaining anonymity may hinder investigation and deter liaison with the whistleblower to seek further clarification or more information. The whistleblower is encouraged to disclose their identity in making any report under this Policy, especially if further investigation is required.

The whistleblower's identity will not be disclosed without prior consent, unless required by law. The Company undertakes to treat all whistleblowing in a confidential and sensitive manner and to protect the identity of the whistle blower.

3.3 To Whom Should Disclosures be made:

Disclosure of information should initially and promptly be made by the Whistleblower to one or more of the following persons within the Group:

- Mr Gan Choon Sun (Executive Director)
- Mr Tan Wan Lay (Managing Director)
- Tuan Haji Ahmed Azhar Bin Abdullah (Senior Independent Non-Executive Director Audit Committee Chairman)
- a) Any concern raised should be addressed to Executive Director/Managing Director:

Mr Gan Choon Sun	Mr Tan Wan Lay
A-Rank Berhad	A-Rank Berhad
csgan@formosa.com.my	wltan@formosa.com.my

- b) In the case where the employee feels the matter involves the Executive Director or the matter is serious and requires the attention of higher level of authority, the employee can report the matter directly to Senior Independent Non-Executive Director (Chairman of Audit Committee):
 - Tuan Haji Ahmed Azhar Bin Abdullah A-Rank Berhad ahmedazhar7@gmail.com

4. HANDLING OF WHISTLEBLOWING AND ACTION

- a) All matters reported will be reviewed within a reasonable timeframe, and after due consideration and inquiry, a decision will be made whether to proceed with further action;
- b) The Executive Director or Managing Director or specific person(s) specifically directed by the Audit Committee will chair an Investigation Committee for further action purposes;
- c) The Investigation Committee will gather and collation of information or pertinent data via interviews with all relevant witnesses;
- d) The whistleblower who fail to cooperate in an investigation, or deliberately provide false information during an investigation will take disciplinary action against any employee or execute legal action against any stakeholder or the case will be KIV until further available of information; and
- e) Upon completion of the investigation, the Investigation Committee will take the necessary action to ratify any matter concern the whistleblowing.

5. REVIEW

The Board of Directors have the right to modify this Policy unilaterally at any time without notice. Modification may be necessary, among other reasons, to maintain compliance with laws and regulation.

This policy was approved by the Board of Directors on 15 June 2017.

A-RANK BERHAD FORMOSA SHYEN HORNG METAL SDN BHD WHISTLEBLOWING FORM

PRIVATE & CONFIDENTIAL

PARTY INVOLVED IN CONCERN RAISED (You may insert information on additional individuals involved in a separate sheet) Name of Party Designation Division/Company : Division/Company : Designation/Occupation : Designation / Occupation : Designa		DISCLOSURE DETAILS	
involved in a separate sheet) Name of Party Designation Division/Company How do you know this Party? 2. DETAILS OF CONCERN (You may use additional sheets if necessary) Date / Time / Location Date / Time / Location : Description of Concern :			ERN RAISED (You may insert information on additional individuals
Name of Party ::::::::::::::::::::::::::::::::::::			
Designation : Division/Company : How do you know this Party? : 2. DETAILS OF CONCERN (You may use additional sheets if necessary) Date / Time / Location : . Description of Concern : . . SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) Witress: Name Bepartment . Supporting Evidence : B. REPORTING TO OTHER PARTIES 1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. Contact No : E-mail Address : Relationship with A-Rank : Relationship with A-Rank : Relationship with A-Rank : Contact No : Net: It necessary to provide your name and contat number so that we can contact you for additi		Name of Party	:
Division/Company : How do you know this Party? : 2. DETAILS OF CONCERN (You may use additional sheets if necessary) Date / Time / Location : Description of Concern :		-	:
How do you know this Party? : 2. DETAILS OF CONCERN (You may use additional sheets if necessary) Date / Time / Location : Description of Concern :			:
2. DETAILS OF CONCERN (You may use additional sheets if necessary) Date / Time / Location Description of Concern : : : : </th <th></th> <th></th> <th>:</th>			:
Date / Time / Location : Description of Concern :			
Date / Time / Location : Description of Concern :			
Date / Time / Location : Description of Concern :	2	DETAILS OF CONCERN (You	may use additional sheets if necessary)
Description of Concern : 3. SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) Witness: Name Department			
3. SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) Witness: Name			
evidence to substantiate your disclosure and assist in Investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) Witness: Name		Description of concern	•
evidence to substantiate your disclosure and assist in Investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) Witness: Name			
evidence to substantiate your disclosure and assist in Investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) Witness: Name			
evidence to substantiate your disclosure and assist in Investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary) Witness: Name	2		ON TO ASSIST INVESTIGATIONS (Disase attach supporting
for additional witnesses or supporting evidence if necessary)			
Witness: Name : Department : Supporting Evidence : B. REPORTING TO OTHER PARTIES : 1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. C. PARTICULARS OF WHISTLEBLOWER Name : Designation / Occupation : Contact No : Croup (If not employee) Not: Not: Is exercisely to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provide herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature) :			
Department Supporting Evidence B. REPORTING TO OTHER PARTIES 1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. Designation / Occupation : C. PARTICULARS OF WHISTLEBLOWER Name : Designation / Occupation : Contact No : Group (If not employee) Net: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			
Supporting Evidence : B. REPORTING TO OTHER PARTIES 1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) Not Not: : B. Report to a concern. : D DECLARATION : I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature) :			:
B. REPORTING TO OTHER PARTIES 1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made.		•	
1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. No C. PARTICULARS OF WHISTLEBLOWER		Supporting Evidence	:
1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. No C. PARTICULARS OF WHISTLEBLOWER			
1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. No C. PARTICULARS OF WHISTLEBLOWER			
1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. No C. PARTICULARS OF WHISTLEBLOWER			
1. Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. No C. PARTICULARS OF WHISTLEBLOWER			
(Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. C. PARTICULARS OF WHISTLEBLOWER Name : Designation / Occupation : Contact No : E-mail Address : Group (If not employee) Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provide herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)	В.	REPORTING TO OTHER PAR	TIES
(Tick whichever applicable) Yes No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. C. PARTICULARS OF WHISTLEBLOWER Name : Designation / Occupation : Contact No : E-mail Address : Group (If not employee) Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provide herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)	1.	Have you raised your conce	rn to any other person / department / authority?
If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made. C. PARTICULARS OF WHISTLEBLOWER Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			
of the report. You may attach a copy of the report made.			
C. PARTICULARS OF WHISTLEBLOWER Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			
Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION . I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)		of the report. You may attach a	a copy of the report made.
Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION . I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)	_		
Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION . I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			
Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION . I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			
Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION . I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			
Name : Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION . I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			
Designation / Occupation : Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)	C.	PARTICULARS OF WHISTLE	BLOWER
Contact No : E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)			BLOWER
E-mail Address : Relationship with A-Rank : Group (If not employee) . Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)		Name	BLOWER
Relationship with A-Rank : Group (If not employee) Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)		Name Designation / Occupation	BLOWER
Group (If not employee) Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)		Name Designation / Occupation Contact No	BLOWER
Note: It is necessary to provide your name and contact number so that we can contact you for additional information of the reported concern. D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY. (Signature)		Name Designation / Occupation Contact No E-mail Address	BLOWER
D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY.		Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank	BLOWER
D. DECLARATION I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY.		Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee)	
I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY.		Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r	
I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY.		Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r	
I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE-BLOWING POLICY.		Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r	
my knowledge, information and belief. I do understand that A-Rank Group shall use the information and materials provided herein throughout the process in accordance with the Group WHISTLE- BLOWING POLICY.		Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	
and materials provided herein throughout the process in accordance with the Group WHISTLE- BLOWING POLICY.	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	name and contact number so that we can contact you for additional information of the
BLOWING POLICY.	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of
(Signature)	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of d belief. I do understand that A-Rank Group shall use the information
	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of d belief. I do understand that A-Rank Group shall use the information
	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of d belief. I do understand that A-Rank Group shall use the information
	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of a belief. I do understand that A-Rank Group shall use the information
	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of a belief. I do understand that A-Rank Group shall use the information
	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern. DECLARATION I hereby declare that all information and and materials provided herein BLOWING POLICY.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of a belief. I do understand that A-Rank Group shall use the information
Date:	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your r reported concern. DECLARATION I hereby declare that all information and and materials provided herein BLOWING POLICY.	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of a belief. I do understand that A-Rank Group shall use the information
Duto.	D.	Name Designation / Occupation Contact No E-mail Address Relationship with A-Rank Group (If not employee) Note: It is necessary to provide your nor reported concern. DECLARATION I hereby declare that all information and and materials provided herein BLOWING POLICY. (Signature) Name:	name and contact number so that we can contact you for additional information of the ation provided herein are made voluntarily and are true to the best of a belief. I do understand that A-Rank Group shall use the information