

**STAFF DECLARATION FORM –
ACKNOWLEDGEMENT OF ANTI-BRIBERY AND CORRUPTION POLICY**

I, _____, hereby declare that I have read and understood the Anti-Bribery and Anti-Corruption Policy (“Policy”) of Harrison’s Holdings Malaysia Berhad (HHMB) required of me in relation to the said Policy.

I will abide by the requirements and provisions set out in the said Policy which shall be read together and forms part of my employment contract with HHMB.

I agree to HHMB’s zero-tolerance approach to bribery and corruption and the possible actions of:

- a) Dismissal
- b) Legal action by HHMB
- c) HHMB filing a police report
- d) HHMB filing a report to MACC that may be taken against me for the breach of this policy.

I also understand that to have assisted or facilitated the violation of this ABC Policy, whether actively or by way of negligence or omission, will also be deemed to have violated the ABC Policy and may be liable for the actions stated above.

.....

Name:

NRIC:

Designation:

Date:

**GIFT, HOSPITALITY AND ENTERTAINMENT NOTIFICATION
STAFF DECLARATION FORM**

I, _____, hereby declare that:

- a) I have receive gift/hospitality/entertainment * for an estimated / actual value of RM_____ from _____ on _____(date).
- b) I have reported this to my superior _____
- c) The gift/hospitality/entertainment * does not in any way require me to return a favour or to arrange for an advantage / benefit / opportunity / approval* in return or to arrange for such an advantage / benefit / opportunity / approval* from HHMB or anyone in HHMB.
- d) My immediate family members have not received any form of gift/hospitality/entertainment * from any person who deals with me or has business dealings with HHMB.

**delete whichever is not applicable*

.....

Name:

NRIC:

Designation:

Date:

Note : All gifts in excess of RM500 per gift, or hospitality and entertainment in excess of RM500 per person received by an employee shall be reported to the Chief Risk Officer.

FORM TO REPORT ON BRIBERY / CORRUPTION

Name of person alleged

Designation of person alleged

Company of person alleged

Allegation details

Incident date & time

_____ (dd/mm/yy) _____ am/pm

(*time need not be exact)

Location of incident

Estimated value involved*

(if you have proof, please attach copy)

RM

Other parties involved

(if any)

Complainant Details

Name of complainant

Contact number

Email

Please tell us whether you would like to meet the Chief Risk Officer or Chairman of HHMB Risk Management Committee to give more details

Yes No

Date of Report:.....

**all reports shall be kept confidential including the complainant's details*

+this report shall be opened only by the Chief Risk Officer or Chairman of HHMB Risk Management Committee

This Form shall be in hard copy and put into a sealed envelope addressed to the Chief Risk Officer of the Company you are employed or the Chairman of HHMB Risk Management Committee, Unit 9A, 9th Floor, Wisma Bumi Raya, 10, Jalan Raja Laut, 50350 Kuala Lumpur.