

**LETTER OF UNDERTAKING**

I hereby declare that I have received the Code of Conduct and Ethics. It is my sole duty and responsibility to read and understand the Code, which is an integral part of my Terms and Conditions of Employment / Service.

I shall conduct myself with complete integrity in the execution of my duties and assignments. I undertake that I will abide by the Code. If for any reason(s) I do not comply with any of the requirements of the Code, I shall not cite ignorance or lack of understanding as my self-defence. I further agree that the Board / Management has the absolute right to take action due to any violation of the Code.

I fully understand that the Board / Management has the absolute right to add, amend, review or delete any of the contents of the Code as and when necessary and that I shall also be liable to such additions, amendments, revisions and/or deletions.

.....  
Signature

.....  
Full Name (please print in capital letters)

.....  
Identify Card / Passport No.

.....  
Designation

.....  
Department and Company

.....  
Date

*\*Please return this Letter of Undertaking to your company's Chief Risk Officer or Chairman of HHMB Risk Management Committee*

## DECLARATION FORM BY EMPLOYEE

The purpose of the declaration hereunder is to ensure that there is no conflict of interest between the Employee and the Company in which he is employed in HHMB Group. Any changes in the status must be notified immediately to the Company.

Please mark (√) where applicable:

- I have nothing to declare.
- I declare the following interests on behalf of myself and/or my family member:

<b>Business and Employment</b> Additional business, or other employment interest that I am involved with	Name of Company: Address: Nature of Business:
<b>Consultancy</b>	Name of Firm/Company: Address: Nature of Business:
<b>Directorships</b> Company of which I am a director	Name of Company: Address: Nature of Business:
<b>Partnerships</b> Firm in which I am a partner	Name of Partnership: Address: Nature of Business:

I hereby declare that I, and members of my immediate family shall notify the Company of any changes to the above within fourteen (14) days.

Name: \_\_\_\_\_

IC No.: \_\_\_\_\_

Designation: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM TO REPORT ON MISCONDUCT / ABUSE**

Name of person alleged

Designation of person alleged

Company of person alleged

Alleged misconduct/abuse

Incident date & time  
(\*time need not be exact)  \_\_\_\_\_ am/pm  
(dd/mm/yy)

Location of incident

Estimated value involved  
(where relevant)  RM

Other parties involved  
(if any)

**Complainant Details**

Name:.....

IC No.:.....

Email:.....

If you are an employee, please indicate your designation:.....

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*