



DECLARATION OF INTEREST FORM

This declaration form is in accordance to the Duopharma Biotech's Conflict of Interest Policy. Officers and/or Employees must declare all the perceived, potential and actual conflict of interest ("COI"). Where a conflict arises that has not been declared at the annual declaration, or arises in incidental or ad hoc circumstances, declaration is to be made within two (2) working days. The completed form is to be submitted to their respective Head of Department for acknowledgement, before being sent to Group Risk Management & Integrity where it will be stored confidentially. It is also the responsibility of the employee to keep a copy of the approved form for audit purposes.

Employees must declare all outside employment, external committee memberships, and directorships held in public or private companies or organisations, in accordance with the Declaration of Interest Policy and complete the disclosure form.

The definition of relative as referred to in the form are defined as (i) A spouse of the Officers and Employees; (ii) A brother or sister of the Officers and Employees; (iii) A brother or sister of the spouse of the Officers and Employees; (iv) A lineal ascendant or descendant of the Officers and Employees; (v) A lineal ascendant or descendant of a spouse of the Officers and Employees; (vi) A lineal descendant of the person referred to in paragraph (ii); (vii) The uncle, aunt or cousin of the Officers and Employees; (viii) The son-in-law or daughter-in-law of the Officers and Employees. In some circumstances, other relatives or associated person(s) may be related parties by reason of the Officers and Employees ability to exercise significant influence over that other relative or associated person(s).

All employees shall, if in doubt or unclear of the requirements shall consult the Head of Risk Management & Integrity who shall decide, either in consultation with the Group Managing Director and/or Risk Management Committee Chairman, or through his own accord.

Non-compliance:

1. Failure to disclose a conflict of interest or refusal to resolve or properly manage a conflict will be regarded as a disciplinary matter. Disciplinary action will be taken in accordance with the Standards of Integrity and Conduct and Duopharma Biotech's disciplinary processes.
2. Depending on the circumstances and the seriousness of the breach, action may involve reporting to the enforcement agencies (Malaysian Anti-Corruption Commission, Royal Malaysian Police and/or Equivalent authorities) for further action.

Statement 1	I have read and understand the Duopharma Biotech's Declaration of Interest Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Statement 2	I understand that should any new COI arise or if there is an important change to an existing COI, I am required to report this promptly to my Head of Department and complete the Declaration of Interest Form.	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART A: DETAILS OF EMPLOYEE / OFFICER

Name		Department	
Staff No		NRIC No	
Position		Job Grade	

Employee's Initials: _____



PART B: INTEREST IN EXTERNAL BUSINESS ASSOCIATE / COMPETITOR

I understand that if I, my relatives and associated person(s) have any direct or indirect interest (including employment) in any company which has business dealings with Duopharma Biotech Berhad Group of Companies or which business is in direct competition with Duopharma Biotech Berhad, I am required to make a declaration. I would like to declare the following actual/potential/perceived conflict of interest situation arising from the discharge of my duties concerning the operation of Duopharma Biotech Berhad Group of Companies.

Please place a hyphen (-) to indicate no disclosures required.

Name & Address of Company	
Nature of Interest (Equity Holdings/Position)	
Commencement Date of Interest	
Brief description of the Conflict of Interest	
Record of actions agreed with HOD to manage the COI	

PART C: DEALINGS WITH BUSINESS ASSOCIATE / COMPETITOR

I understand that if I, my relatives and associated person(s) have any personal/private dealings (including borrowing/lending of money or equivalent) with a business associate/competitor (other than a legal financial institution), the following disclosures is to be made.

Please place a hyphen (-) to indicate no disclosures required.

Name & Address of Company	
Nature of Transaction	
Brief description of the Conflict of Interest	
Record of actions agreed with HOD to manage the COI	

PART D: OUTSIDE EMPLOYMENT / EXTERNAL COMMITTEE / DIRECTORSHIPS/ SHAREHOLDING

I understand that if I have a separate or outside employment (including part-time employment/ad-hoc employment) external committee memberships, directorships and shareholding held in public or private companies or organisations (whether paid or unpaid) other than those declared in Part B, the following disclosures is to be made.

(Insignificant stock interests in publicly-held companies are not required to be declared)

Please place a hyphen (-) to indicate no disclosures required.

Name & Address of Company	
Nature of Employment	
Remuneration (Monthly/Annual)	
Commencement Date	
Record of actions agreed with HOD to manage the COI	

Employee's Initials: _____



PART E: OTHER ACTUAL, POTENTIAL OR CONFLICT OF INTEREST

Other actual, potential or perceived conflict of interest relates to: *(tick all appropriate box/s)*

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Relationship with family or friends | <input type="checkbox"/> Staff recruitment |
| <input type="checkbox"/> Financial interest | <input type="checkbox"/> Relationship with external parties |
| <input type="checkbox"/> Provision of external consultancy services | <input type="checkbox"/> Procurement of goods and services |
| <input type="checkbox"/> Provision of expertise | <input type="checkbox"/> Other (if you selected other please provide details) |

Brief description of the Conflict of Interest

Record of actions agreed with HOD to manage the COI

PART F: ACKNOWLEDGEMENT

Employee:

The information provided on this form is, to the best of my knowledge, a full disclosure of any known or potential COI I have with regard to the position I hold in Duopharma Biotech Berhad. I am fully responsible if the information given is false/incorrect.

Name:

Date:

Remark *(if any)*:

Group Risk Management & Integrity:

- ☐ Complete
☐ Incomplete. Remark :-

Name & Stamp:

Date:

Head of Department:

Name & Stamp:

Date: