



SPONSORSHIP – APPROVAL REQUEST / REPORTING FORM

| REQUEST FOR SPONSORSHIP | | |
|--|-------------------|----------------|
| Description of the requested sponsorship: | | |
| Estimated Value: | | |
| Who approved the request for the sponsorship? | | |
| THE SPONSORS DETAILS | | |
| Sponsoring Organisation Name: | | |
| Sponsoring Organisation Contact (name, title and phone number): | | |
| Does the sponsoring organisation have any relationship with the Duopharma Biotech's Businesses? Yes / No | | |
| If Yes , does the sponsoring organisation currently have any business ongoing? (e.g. a contract, application, tender, approval and etc.) with Duopharma Biotech Berhad | | |
| If Yes , please provide full details: | | |
| Has Duopharma Biotech received other sponsorships from the same Organisation or its Associate Companies within the past 12 months? | | |
| If Yes , please describe each prior sponsorship, value and date received: | | |
| OTHER KEY DETAILS | | |
| Please submit this form together with the supporting document on the proposed event as approved by the Highest Approving Authority. | | |
| Name: | Signature / Date: | Business Unit: |
| GROUP RISK MANAGEMENT & INTEGRITY | | |
| Name: | Signature / Date: | Remarks: |

