MCB GROUP WHISTLEBLOWING FORM

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (✓) where appropriate.

Ways of Submission

To submit a report by mail or email, please complete the printable version of this form and send it to MCB Group and/or the relevant subsidiary, as applicable. Details of the mailing and email addresses for each MCB Group entity are provided in Annexure 1.

Relevant Reading Material Before Raising a Concern

Before submitting a report, please ensure that the matter concerns MCB Group and/or its subsidiaries. We strongly encourage you to review the following Group Policies available on the MCB Group website, which provide guidance on the types of concerns that may be reported and the standards expected across the Group.

The following policies are available for consultation:

- MCB Group Code of Ethics and Business Conduct
- MCB Group Whistleblowing Policy

Confidentiality Preference

☐ I choose to remain anonymous.

I understand that by choosing this option, my identity will not be disclosed to any parties involved in the investigation or resolution of this matter. I also understand that while every effort will be made to keep my identity confidential, there may be limitations to this confidentiality based on the nature of the investigation.

☐ I choose to disclose my identity.

I agree to have my identity disclosed to the relevant parties involved in the investigation and resolution of this matter. I understand that this may include my supervisors, investigators, or others as necessary for addressing the issue.

Contact Details

These data are optional to fill and serve only in case of queries.

First Name:

Last Name:

Contact Preferences

☐ Postal Address ☐ Email ☐ Phone

If you would like to be contacted via your **postal address**, please complete the fields below:

Street:

City:

Postal Code: Country:

If you would like to be contacted via your **email**, please complete the field below:

Please enter a valid email address (e.g., name@email.com)

If you would like to be contacted via your **phone**, please complete the field below:

Please use the format: +[Country Code][Phone Number]

MCB Group Limited
9-15 Sir William Newton Street, Port Louis 11328, Republic of Mauritius T: +230 202 5000 E: contact@mcbgroup.mu
BRN: C07000934 **mcb.mu**

Information about the Group entity involved in the concern

Entity Name*:

Additional entity name (if more than one entity is involved)

Who are the individual(s), their position/role(s), group(s), or department(s) involved in the wrongdoing?

Facts of the Concern

To the best of your knowledge, please include answers to as many of the following questions as possible:

What is the type of concern that occurred?*

Describe the facts of the concern. The more specific information you provide about the wrongdoing, the better MCB Group is able to follow up on your disclosure. If you require additional space, please attach a separate sheet?*

Where did the misconduct take place (location)?*

Do you have any evidence to support the report?

Yes No

If yes, please specify. (Note: You should not attempt to obtain evidence for which you do not have a right of access.)

* Required Fields

Do you have any other details or information which would assist us in the investigation?

Yes No

If yes, please specify.

The date the concern occurred (if known): / / (dd/mm/yyyy)

When did you notice the occurrence (date)? / / (dd/mm/yyyy)

Is it on-going and/or frequent or one off or will it occur in the future?

Are there any other parties involved other than the person stated above? Yes No

If yes, please specify.

Are there any witnesses to the event?* Yes No

Were customers affected by the wrongdoing? Yes No

If yes, please provide more details.

Have you raised your concerns regarding this wrongdoing to a third party? Yes No

If yes, please explain to whom you raised your concerns (for example, please provide the name of organization and/or persons), and provide the date(s) on which you shared them.

Did he/she take any reasonable step to investigate or resolve the wrongdoing? If yes, please specify the step below:

Additional comments (if any):

You may also attach any supporting documentation that you consider relevant to substantiate your report or provide supplementary information.

WHISTLEBLOWER DECLARATION

By reporting this Whistleblowing concern, I hereby:

1. declare that to the best of my knowledge the information contained in this document is true and that the information is transmitted voluntarily.
2. confirm that I am submitting this report in good faith.
3. agree to treat the report in strict confidentiality while an investigation is in progress.
4. understand and acknowledge that the information provided herein will be used throughout the investigation and reporting process and that The MCB Group and its subsidiaries may be obliged to disclose any information as may be required by law.

Kindly ensure that all details entered are complete and accurate prior to submission of the Whistleblowing Form.

* Required Fields