



## Whistleblower Reporting Form

The Whistleblower reporting channel aims to provide avenue for stakeholders to raise serious concerns and receive feedback on any action taken in respect of such concerns raised.

This reporting channel is intended to assist individuals who believe they have discovered any malpractice or impropriety by Company officers and employees. It is not designed to question financial, strategic, operational or business decisions taken by the Company, nor should it be used in respect of matters which are under the jurisdiction of the Company's Human Resource disciplinary policies and procedures.

Reports must be submitted in writing on this form and sent to the following address:

Office of the Chief Compliance Officer  
3<sup>rd</sup> floor Dacon Building  
2281 Don Chino Roces Avenue,  
Makati City  
Telephone (632) 888 3000  
Fax (632) 816 7362  
Email: [whistleblower@dmcinet.com](mailto:whistleblower@dmcinet.com)

### Reporter's contact information (optional):

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Name	Company	Date
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Home or mailing address

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Contact Number	Email address
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Best time/number to call you

**Subject(s) information:**

If there is more than one employee or officer who you believe has engaged in improper corporate action, please provide this information on page 4.

NAME	POSITION
DEPARTMENT	WORK PHONE

**Complaints:**

<i>Describe what wrongful acts occurred.</i>
<i>Where did it occur?</i>
<i>When did this occur?</i>
<i>How did it occur?</i>

*What is/are the suspect(s) motive(s)?*

*Are there others who benefit from the wrongful activities? If yes, how do they benefit?*

*Are there any other witnesses who can confirm your allegations? If so, please provide their contact information.*

*Evidence: Please attach a copy of the evidence that you have already in your possession.*

**Please provide a detailed description of the alleged improper corporate action.**

