CGS HOLDINGS INC. Compliance hotline form

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| 1. | Date | Date:（ ）Month:（ ）Year:（ ） | | | |
| 2. | Your real name | （　　　　　　　　　　　） | | | ( ) Name withheld by request |
| \*Please note that you cannot obtain feedback of the investigated result unless you inform us your real name. | | | |
| 3. | About  your company | Company name | | ( ) | |
| Division that you belong to | | ( ) | |
| \*Please check below appropriate item.  ( ) Our group's employees  ( ) A member of the family of our group's employees  ( ) Members of our vendors  ( ) Other  If you check "Other", please write details in below area.  ( ) | | | |
| 4. | Contents  you would like to inform | - A name and affiliations of a person who did, or going to do illegal acts  ( ) | | | |
|  |  | - Details of illegal acts (When, Where, Who, Whom/What, Why, How) | | | |
|  |  | - A background you know the illegal acts | | | |
|  |  | - Other comment that you would like to inform | | | |
| 5. | The way  to inform | Telephone | (Number: ) | | |
| Mail | (Address: ) | | |
| \*Please select  the one of 3 methods  as you like. | | E-mail | (Address: ) | | |
| Other |  | | |

Thank you for your information.

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