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( ) OtherIf you check "Other", please write details in below area.( ) |
| 4. | Contents you would liketo 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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