CGS HOLDINGS INC. Compliance hotline form

| 1. | Date | Date: () Month: () Year: () | |
|----------------------|----------------|--|-------|
| 2. | Your real | () Name withheld by request | |
| | name | *Please note that you cannot obtain feedback of the investigated result unless you is us your real name. | nform |
| 3. | About | Company name (|) |
| | your company | 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 | - A name and affiliations of a person who did, or going to do illegal acts | |
| | you would like | (| |
| | to inform | - 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 | |
| | | other comment that you would like to inform | |
| 5. | The way | Telephone (Number: |) |
| | to inform | Mail (Address: |) |
| | | E-mail (Address: |) |
| *Please select | | Other | |
| the one of 3 methods | | | |
| as y | ou like. | | |
| | | | |

Thank you for your information.