

Ever Glory United Holdings Limited and its subsidiaries

Whistleblowing Policy

Appendix 1 – Whistleblower Report Form

Please provide the following details for any suspected serious misconduct or any breach or suspected breach of law or regulation that may adversely impact the Company and submit directly to any of the Committee Members. Please note that you may be called upon to assist in the investigation, if required.

Note: Please follow the guidelines as laid out in the Whistleblowing Policy.

REPORTER'S CONTACT INFORMATION	
Name / ID No. / Badge No.	
Designation	
Department / Operation	
Contact Numbers	
E-mail Address	

SUSPECT'S INFORMATION	
Name / ID No. / Badge No.	
Designation	
Department / Operation	
Contact Numbers	
E-mail Address	

WITNESS(ES) INFORMATION (if any)			
Name		Name	
Designation		Designation	
Department		Department	
Contact Numbers		Contact Numbers	
E-mail Address		E-mail Address	
Allegation No.		Allegation No.	

COMPLAINT: Briefly describe the misconduct / improper activity and how you know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.

What misconduct / improper activity occurred?

Who committed the misconduct / improper activity?

When did it happen and when did you notice it?

Where did it happen?

Is there any evidence that you could provide us?*

Are there any other details or information which could assist us in the investigation?

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

Any other comments?

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Date:	Signature:
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For Whistleblowing Committee Use Only

FOR WHISTLEBLOWING COMMITTEE USE	
Report No.	
Received By:	
Received On:	
Acknowledgement Sent On:	
Investigation Required (Yes / No)? (If no, please state the reason)	
Investigation Done By:	
Investigation Results:	
Action Taken / Conclusion:	
Reported to Whistleblowing Committee Chairman on:	
Signed Off by:	