

	<b>POLICY</b>	<b>Governance &amp; Corporate Affairs</b>	<b>Policy No. GOV 2017–007</b>	
			<b>Reference:</b> Code of Business Conduct and Ethics	
	<b>ACCOUNTABILITY, INTEGRITY AND VIGILANCE (WHISTLE-BLOWING)</b>		<b>Effective Date as approved by BOD on</b> 07.29.2013	<b>Amended on</b> 07.27.2018 Ver.1, Rev. 2

## 1. Objectives

- 1.1. To encourage everyone to participate and work towards creating an environment where concerns can be freely raised for possible violations of our Code of Business Conduct and Ethics, policies and laws without fear of retaliation.
- 1.2. To provide guidelines on reporting violations or potential violations of policies.

## 2. Scope / Coverage

- 2.1. This policy covers all Directors, Officers and Employees, as well as:
- 2.2. Customers, Suppliers, Shareholders and other Stakeholders.

## 3. Policy

Consistent with Belle Corporation’s commitment to professional ethics and traditional values, the Company expects its directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities at all times inside and outside the Company.

In support of a whistleblower program, everyone is expected to participate and work towards creating an environment where concerns can be freely raised for possible violations of our Code of Business Conduct and Ethics, policies and laws so they can be resolved sooner than later.

## 4. Guidelines

- 4.1. **Reporting Mandate** – It is the responsibility of all directors, officers and employees, as well as customers, suppliers, shareholders and other stakeholders, to comply with and to report violations or suspected violations of the Code of Business Conduct and Ethics, policies, or laws in accordance with this policy.
- 4.2. **Reporting in Good Faith** – All directors, officers and employees, as well as customers, suppliers, shareholders and other stakeholders, are encouraged to report violations or potential violations of this policy. Anyone filing a complaint concerning this must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code, policies, or law. Any allegations that prove not to be substantiated and have been made maliciously or with knowledge that they were false will be treated as a serious disciplinary offense. Any good faith report, concern or complaint is fully protected by this policy, even if the report, question or concern is, after investigation, not substantiated.

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**4.2.1.** Reporting may be done in writing using the Whistleblower’s Disclosure Form attached as Annex 1 of this Policy or may be done verbally. The reporting person may identify himself/herself or may opt to submit the report anonymously, either through the Employee’s Manager, or through one of members of the Ethics Committee, namely the Head of Human Resources, the Governance & Corporate Affairs and the Internal Audit Departments.

**4.3. No Retaliation** – Anyone who in good faith reports a violation of the Code or policies, or the law shall not be retaliated upon or suffer harassment or adverse employment consequence. The Company expressly disapproves of acts of retaliation, intimidation and other harmful actions.

**4.4. The Escalation Process** – Violations or suspected violations of Company policies can be escalated to any of the following members of the Ethics Committee, who shall acknowledge this in writing within 24 hours from receipt:

- The Head of Human Resources
- The Head of Governance & Corporate Affairs
- The Head of Internal Audit

**4.5. Confidentiality** – Upon the request of the complainant, the Company will use its best efforts to protect the confidentiality of the complainant for any good faith report. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate and immediate investigation.

**4.6. Handling of Reported Violations** – The Company’s Code of Business Conduct and Ethics, Code of Discipline, and other relevant rules and regulations, shall serve as guide in determining the penalties and sanctions to be imposed where violations are proven and validated by the Ethics Committee.

**4.6.1.** The principle of due process shall be observed in the handling of all cases.

**4.6.2.** The Corporate Governance Committee, as it is in charge of monitoring compliance with the Code of Business Conduct & Ethics and applicable laws, etc., shall be informed of all such complaints or reports and their status to be rendered by the Ethics Committee.



WHISTLEBLOWER'S DISCLOSURE

BEL-PAIV-WD-07-2018

WHISTLEBLOWER'S PERSONAL INFORMATION (Optional)		
Name	Department	Section / Unit
Signature / Date Accomplished	Contact No(s).	E-mail address

INFORMATION CONCERNING THE DISCLOSURE

Please provide as much detailed information as possible.

1. What is the major issue involved? (Check all applicable)

<u>Violation or offense covered by the Code of Business Conduct and Ethics</u>	<u>Questionable Accounting Matter</u>	<u>Questionable Auditing Matter</u>
<input type="checkbox"/> Honesty <input type="checkbox"/> Compliance with Standard Operating Procedures <input type="checkbox"/> Proper Conduct and Behavior <input type="checkbox"/> High Moral Standards <input type="checkbox"/> Work Responsibilities <input type="checkbox"/> Authority and Subordination <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Attendance and Punctuality <input type="checkbox"/> Office Attire <input type="checkbox"/> Wearing of Security Identification Cards <input type="checkbox"/> Company Property <input type="checkbox"/> Safety and Security <input type="checkbox"/> Others _____ _____ _____	<input type="checkbox"/> Significant over/under statement of account balances <input type="checkbox"/> Transactions not recorded in complete / timely manner <input type="checkbox"/> Gross violation of generally accepted accounting principles <input type="checkbox"/> Misclassification of accounts <input type="checkbox"/> Lack of underlying transactions to support accounting entries <input type="checkbox"/> Lack of proper documents to support accounting entries <input type="checkbox"/> Inaccurate or non-disclosure of significant information relevant to the proper interpretation of the financial statements <input type="checkbox"/> Others _____ _____ _____	<input type="checkbox"/> Misappropriation of Funds <input type="checkbox"/> Misuse or abuse of Company assets and facilities <input type="checkbox"/> Circumvention or disregard of policies <input type="checkbox"/> Circumvention or violation approving and signing authorities <input type="checkbox"/> Acts or transactions grossly disadvantageous to the Company <input type="checkbox"/> Others _____ _____ _____ <p style="text-align: center;"><b><u>Fraud Classification</u></b></p> <input type="checkbox"/> Theft <input type="checkbox"/> Falsification <input type="checkbox"/> Procurement, Properties, and Projects <input type="checkbox"/> Business Operations

2. What happened? (Attach additional sheets if necessary)

3. What evidence exist to corroborate your disclosure? (includes physical evidence or documentation. Attach additional sheets if necessary)	List Supporting Documents here, if any:	
	Documents Attached	No. of pages

4. How did you know about the subject of the information you are raising?  
 Personal or direct knowledge     Others told me about it     Others \_\_\_\_\_

5. Who is/are the person(s) involved (i.e. respondents)? (Attach additional sheets if necessary)

<u>Name</u>	<u>Designation</u>	<u>Department / Section / Location</u>	<u>Nature of Involvement</u>

6. Who is/are the possible witness(es)? (Attach additional sheets if necessary)

<u>Name</u>	<u>Designation</u>	<u>Department / Section / Location</u>	<u>Nature of Involvement</u>

7. When did the incident take place? Date: _____ Time: _____ Frequency: _____ Occurring since: _____	8. Where did the incident occur? Location of evidence: _____
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9. How much is involved? (Please provide approximate figure, if any)

10. Why are you making this disclosure? (Attach additional sheets if necessary)

DISCLOSURE HISTORY

Was the disclosure previously reported to a Company Officer?  
 No     Yes    Reported to: \_\_\_\_\_    Action Taken: \_\_\_\_\_

PLEASE ADVISE THE ETHICS COMMITTEE ON HOW TO CONTACT WHISTLEBLOWER

Whistleblower will: <input type="checkbox"/> E-mail / fax / call Ethics Committee (Head of HR / Head of Governance & Corporate Affairs / Head of Internal Audit) <input type="checkbox"/> Visit the office of the Head of HR, or Head of Governance & Corporate Affairs, or Head of Internal Audit <input type="checkbox"/> Others _____	Ethics Committee is requested to provide feedback through: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Others _____
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**FOR ETHICS COMMITTEE USE ONLY**

**MODE OF DISCLOSURE SUBMISSION**

<b>Written Disclosure</b> <input type="radio"/> E-mail <input type="radio"/> Fax <input type="radio"/> Post Office Mail / Messenger	<b>Case Number</b>  
<b>Verbal / Phone Disclosure</b> <input type="radio"/> Phone <input type="radio"/> Text (SMS) <input type="radio"/> In Person (indicate reference number if recorded) _____	

<b>Disclosure Received By</b>  Signature Over Printed Name / Designation / Date	<b>Conforme (if whistleblower interviewed in person)</b>  Signature Over Printed Name / Designation / Date	<b>Reviewed By</b>  Signature Over Printed Name / Designation / Date
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**PRELIMINARY EVALUATION**

Was the whistleblower advised of his rights and obligations under this policy?       Yes       No

Action Taken	Date	Remarks
<input type="radio"/> For Inquiry / Investigation		
<input type="radio"/> For referral to other units: <input type="radio"/> Audit Department <input type="radio"/> Human Resources Department <input type="radio"/> Legal Services Department <input type="radio"/> Security Office <input type="radio"/> Others _____		
<input type="radio"/> No further action to be taken		

**DISPOSITION OF THE CASE**

Was the case closed?     Yes. Date closed \_\_\_\_\_       No. Referred to \_\_\_\_\_ on Date \_\_\_\_\_

<b>Preliminary Investigation Conducted By</b>  Signature over Printed Name / Designation / Date	<b>Reviewed By</b>  Signature over Printed Name / Designation / Date	<b>For Further Inquiry By</b>  Signature over Printed Name / Designation / Date
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<b>For Further Investigation By</b>  Signature over Printed Name / Designation / Date	<b>Disposition of the Case Approved By</b>  Signature over Printed Name / Designation / Date
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