

## Whistleblowing channels

**CTBC Holding is committed to maintaining an honest and transparent corporate culture and promoting sound business operations. Should you discover any illegal or dishonest conduct, we encourage you to report it to us via any of the following whistleblowing channels:**

- Phone: +886-2-5573-2220
- Email:
  - CTBC Holding Whistleblowing Mailbox : [whistleblowing.fh@ctbcholding.com](mailto:whistleblowing.fh@ctbcholding.com)
  - CTBC Holding Chairman Mailbox : [ctbcfhchairman@ctbcholding.com](mailto:ctbcfhchairman@ctbcholding.com)
- Post: Attn: Complaint Mailbox, Compliance Department, CTBC Financial Holding  
26F., No. 168, Jingmao 2nd Rd., Nangang Dist., Taipei City 115.

### **When submitting a report**

To facilitate a speedy investigation, please provide contact information and/or any concrete evidence regarding your report. Your report may not be accepted by CTBC Holding if:

1. no concrete allegation or evidence is provided;
2. the report is found to be a malicious attack, fraudulent, or without merit;
3. the report has already been investigated or considered;
4. the report is duly passed to a subsidiary for handling in accordance with Procedures for Handling Whistleblowing Cases;
5. the nature of the report is more suited to a different channel maintained by CTBC Holding or the relevant subsidiary, such as for labor disputes, sexual harassment, or customer complaints;  
or
6. the content of the report relates to business or operational dissatisfaction rather than illegal, or dishonest conduct.

If you wish to submit a report by email or post, please use the Whistleblower Report Form provided.

### **Protection and incentives for informants**

- Company personnel who accept, investigate, or otherwise engage in the handling of reports shall keep the identities of whistleblowers and the content of their reports confidential. Anyone who violates this confidentiality faces removal from the relevant investigation and disciplinary action, depending on the seriousness of the case.
- CTBC Holding will not adversely treat you for, in good faith, submitting a report or assisting

a colleague with a report. As an employee of CTBC Holding, you will still be subject to standard treatment if CTBC Holding requires reorganizations, consolidations, closure, or employee transfers in response to business or operational needs, or disciplinary action per regulations if you're found to have acted illegally or improperly.

- If you are threatened, intimidated, or experiences any adverse actions due to your whistleblowing actions, CTBC Holding will assist you to report this to the police.
- You may be commended or receive a reward if your report is verified and has a positive contribution to, and significant financial benefit for, CTBC Holding.

## Whistleblower Report Form

This form is designed for the reporting of any crime, fraud, violation of laws or regulations, or violation of the Ethical Corporate Management Best Practice Principles or Code of Ethical Conduct by any member of CTBC Holding or a subsidiary. Please use this form to provide the necessary information for us to accept and properly investigate your report.

| Item                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Content |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Your information                                 | Name and ID*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |
|                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
|                                                  | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |
|                                                  | Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| Information of the accused                       | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
|                                                  | Department/company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
|                                                  | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
|                                                  | Job description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |
| Name(s) or other information related to the case |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |
| Relevant information                             | Does this case involve ongoing legal proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
|                                                  | Have you reported this case to a competent financial authority or any association/institution? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
|                                                  | If you have reported this case to a competent financial authority or any association/institution, please provide the following information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |
|                                                  | (1) When and to which authority/association/institution did you first report the case:<br><input type="checkbox"/> Name of competent financial authority: _____; Date: <u>    (dd/mm/yy)    </u><br><input type="checkbox"/> Name of association/institution: _____; Date: <u>    (dd/mm/yy)    </u><br>(2) Has the authority/association/institution responded to your report?<br><input type="checkbox"/> Financial competent authority: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Association/institution: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(3) If so, what was the response (please provide a copy of any relevant written response): |         |

\* CTBC Holding allows anonymous whistleblowing.



Report  
content

Tell us what happened, including where and when. Please provide any evidence available, such as receipts, certificates, agreements, letters, audio recordings, video recordings, or photographs; you may attach additional pages if necessary.

**Your privacy:**

In the course of handling your report, CTBC Holding may collect, process, and use your personal information in accordance with relevant laws and regulations. You may exercise the rights provided in the Personal Information Protection Act regarding your own information held by CTBC Holding, such as the right to inquire, review, and request duplicate copies of personal information and the right to supplement or rectify the personal information.

**Date:** \_\_\_\_\_ (dd/mm/yy)

**Informant:** \_\_\_\_\_ (sign)