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Section 1. Introduction

Riverside Medical Center, Inc. (the "Company") is committed to achieving and maintaining the highest standards of openness, probity and accountability. Employees at all levels are expected to conduct themselves with integrity, impartiality, and honesty. It is every employee's responsibility and in all interest of the Company to ensure that any inappropriate behavior that compromise the interest of the shareholders, investors, customers, other stakeholders, and the wider public does not occur. It is also critical to maintain a good corporate image and raise the standard of corporate governance of the Company. To this end, the Company has devised a whistleblowing policy (the "Policy").

This Policy is meant to support the Company's Code of Business Ethics, Employees Manual, and the Corporate Governance Policies (i.e., the Anti-Bribery and Anti-Corruption Policy, Conflict of Interest Policy, Gift and Hospitality Policy, Government Interaction Policy, Third-Party Risk Management Policy, etc.)

Section 2. Purpose and Objectives


A. To provide implementing procedures, reporting channels, and internal controls, to increase the awareness of maintaining internal corporate justice.

B. To assist and encourage individual employees (permanent, project, or temporary) to disclose information relevant to suspected misconduct, malpractice, or irregularity as defined in the Company's various Corporate Governance Policies ("CG Policies") through a confidential reporting channel as well as to provide such employees appropriate protection in the event of retaliatory acts carried out against them in relation to any disclosures they may have made.

C. The procedures outlined in this Policy have also been established in order to prevent overlapping action and investigations among and between the Human Resources Department, Legal Department, Compliance Department, and other concerned offices of the Company.

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D. To streamline the handling of complaints and their resolution, and prevent forum shopping – the filing of multiple complaints for the same reason – in the hope of obtaining a favorable resolution from any of the offices mentioned above.

Section 3. Applicability

A.The Policy applies to all Company personnel, including members of the Board of Directors, officers, employees, as well as concerned advisors/consultants and other third-party business partners (the "Company Personnel"), in so far as their conduct relates to the official function of the Company.

B.To the extent necessary to ensure compliance by Company Personnel with the CG Policies, the Policy shall likewise apply to disclosures and reports initiated by third parties.


C.The Policy and the Whistleblowing System created hereunder shall supplement existing communication channels available to employees.

D.Moreover, the Policy and the Whistleblowing System shall specifically cover the following matters:

1. Malpractice, impropriety or fraud relating to internal controls, accounting, auditing and financial matters;
2. Violation of the rules and regulations of the Company;
3. Improper conduct or unethical behavior likely to prejudice the standing of the Company;
4. Breach of legal or regulatory requirements;
5. Criminal offences, breach of civil law and miscarriage of justice;
6. Endangerment of the health and safety of an individual;

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7. Damage caused to the environment; and
8. Deliberate concealment of any of the above.

Section 4. Definition of Terms

For purposes of this Policy:

- (a.) **AUTHORIZED INVESTIGATING UNIT (AIU)** – refers to a committee that may be given the authority and responsibility to conduct an investigation into a Whistleblowing Report. An AIU will be designated when the alleged violation pertains to matters outside of CG Policies (*i.e.* Questionable Accounting and Auditing Matters to be referred to the Audit or similar committee, Violations of Employees Code of Conduct to be referred to the Human Resources Department).


The Authorized Investigating Unit (AIU) shall be composed of:

Respondent	Investigation Committee Members
RANK & FILE	1. Section/Department Head 2. Employees and Labor Relation Manager 3. RMC Corporate Legal Counsel (optional)
SUPERVISORY / MANAGERIAL	1. Human Resources Division Officer 2. Representative from the Management Committee 3. RMC Corporate Legal Counsel (optional)
DIVISION HEAD	1. Human Resources Division Officer 2. President & CEO 3. RMC Corporate Legal Counsel (optional)

Note: The matrix above is for internal investigation; External investigation may be referred to the External Auditor or form the subject of an independent inquiry as deemed appropriate by the management.

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Note further: This matrix may be changed by the Compliance Officer as he/she deems proper based on the circumstances.

- (b.) COMPANY – When referred to in this document refers to Riverside Medical Center, Inc. (RMCI).
- (c.) COMPLAINT – refers to an official statement claiming serious concerns about any suspected misconduct, malpractice, irregularity, or violation of CG Policies.
- (d.) COMPLIANCE OFFICER – tasked to receive, handle, investigate and resolve Whistleblowing Reports concerning CG Policies filed in the Company or any of its subsidiaries and affiliates.
- (e.) CONSULTANTS - includes professional consultants, firms, partnerships, counsels, outsourced companies or such other professional entities or individuals rendering professional or specialized expert services to RMCI and/or its Subsidiaries, as well as advisors of the Company who may be appointed by the Board of Directors or the President/CEO, or who act as representatives of the Company's investors, shareholders, affiliates or partners.
- (f.) CORPORATE GOVERNANCE POLICIES (CG POLICIES) – refer to the Company's Manual on Corporate Governance, Anti-Bribery and Anti-Corruption Policy, Conflict of Interest Policy, and such other policies that the Company may adopt to strengthen its corporate governance procedures and practices.
- (g.) INVESTIGATING OFFICER – the officer who is given the authority and responsibility to conduct an investigation into a Whistleblowing Report. This may be personnel from the AIU, or an external counsel or consultant if one is appointed by the Compliance Committee or the Board of Directors.
- (h.) QUESTIONABLE ACCOUNTING MATTERS – refers to any serious violation of generally accepted accounting principles and standards applicable to the Company which shall include, but are not limited to:

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- fraudulent or deliberate error in the preparation of the financial statements of the Company;
- fraudulent or deliberate error in the maintenance of the financial records of the Company;
- misrepresentation or deliberate false statement by any officer or employee regarding a significant matter contained in the financial records, financial reports or external or internal audit reports of the Company,

- (i.) QUESTIONABLE AUDITING MATTERS – refers to any serious violation or override of the Company's internal controls.
- (j.) RETALIATION – any act of reprisal, discrimination, harassment, intimidation or abusive adverse personnel action by any of the Company's directors, officers, employees against a Whistleblower, any of his/her Witnesses or any person providing information or advise in relation to any Whistleblowing Report.
- (k.) RESPONDENT – refers to the person being complained of, or the person who is implicated in a Complaint or Whistleblowing Report as the one who is responsible or is involved in any suspected misconduct, malpractice or irregularity.
- (l.) WHISTLEBLOWING – refers to a disclosure or filing of a Complaint by an employee or a group of employees who in good faith report serious concerns about any suspected misconduct, malpractice or irregularity which he or they may have become aware of or genuinely suspect that the Company has been or may become involved in.
- (m.) WHISTLEBLOWER – refers to any person or persons, filing a report and includes individuals who work for, or are themselves, third-party business partners of the Company.

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- (n.) WHISTLEBLOWING DISCLOSURE FORM – the standard form used for submission of Whistleblowing Report (*See Annex B*).
- (o.) WHISTLEBLOWING REPORT – refers to a disclosure or a complaint regarding illegal or unethical conduct that violates the CG Policies (please see 'Whistleblowing', as defined above), or any applicable laws, rules, and Company regulations.
- (p.) WHISTLEBLOWING SYSTEM – the procedural manual and such other processes established by this Policy for the purpose of effectively handling all Whistleblowing reports and other related complaints.
- (q.) WITNESS – refers to an employee of the Company or any third-party other than a Whistleblower who participates or cooperates in the investigations or proceedings pertaining to a complaint.

Section 5. Our Policy

5.1 Reporting in good Faith


A. Company Personnel are encouraged to employ the Whistleblowing System in good faith, with the intention of promoting adherence to the CG Policies and values and the over-all well-being of the Company in so far as it strives to meet its responsibilities to its various stakeholders.

B. Whistleblowing shall at no time be employed for any personal disputes, question financial or business decisions taken by the Company; nor should it be used to reconsider any staff matters which have been addressed under the grievance procedure already in place.

C. In the event that an employee is found to have deliberately made a false and/or malicious report, with an ulterior motive, or for personal gain, the Company reserves the

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right to take appropriate actions against the employee to recover any loss or damage as a result of the false report. In particular, the employee may face disciplinary action, including dismissal, where appropriate.

5.2. Confidentiality

A. All Whistleblowing Reports including the identity of the Whistleblower, Witnesses, and employees named in the complaint will be treated in a confidential manner, unless the Company is otherwise required or compelled by law to release such information.

B. The Compliance Department, the AIU concerned, and the Investigating Officer shall take appropriate steps in order to secure and protect the integrity and confidentiality of all records and information obtained, gathered and collected pursuant to a Whistleblowing Report.


5.3. Anonymous Reporting

Any Whistleblowing Report must be made or filed through any of the various reporting channels listed under Section 6.1 below.

To aid further investigation of the Whistleblowing Report, a Whistleblower who makes or files a Whistleblowing Report anonymously may opt to provide means by which he can be contacted without compromising his/her anonymity, (e.g. send and/or receive mails through a post office (P.O.) Box number, an e-mail address, or communicate through text messages using a mobile phone number, etc.).

5.4. Protection from Retaliation

A. Retaliation against any Whistleblower or Witness is prohibited and will be dealt with in accordance with this Policy, and other applicable laws, rules, and Company

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regulations. A Whistleblower or Witness who will identify himself shall be protected from retaliation.

B. The Compliance Office shall take necessary steps to ensure that all forms of appropriate and effective protection is afforded to a Whistleblower and/or his/her Witnesses.

5.5. Malicious Allegations

In case the Compliance Office should determine, after investigation, that the Whistleblower and/or Witness has made baseless, untruthful, fabricated, malicious, or vexatious allegations, disciplinary action may be taken against the Whistleblower and Witness in accordance with applicable laws, rules, and Company regulations to protect the good name of persons that may have been unjustly accused or implicated.

A. The Whistleblower, if identified or can be contacted, shall be informed by the Compliance Department that the case is deemed closed including the reason for such, without prejudice to this provision.

B. The Respondent shall be informed in writing by the immediate superior of the final disposition of the Whistleblowing Report.

Section 6. Procedure

What needs to be done:

6.1. Reporting Channels

Any employee who has a legitimate concern can raise the matter directly with the Compliance Department. A Whistleblowing Report may be submitted through any of the following means:

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Method	Send to / Relay to
Mail	RMCI Compliance Office at 4th Floor, Executive Building, Riverside Medical Center, B.S. Aquino Drive, Bacolod City
E-Mail (anonymous)	compliance@rivermedcenter.net
Cellphone/Helpline	Compliance Officer - 09983334838
Face-to-face Meeting	Any member of the Compliance Department or the Immediate Head – at the option of the Whistleblower

Such reporting channels may be expanded and modified as the Compliance Department may deem necessary.

6.2. Submission of Whistleblowing Report

A. Any Whistleblowing Report shall preferably be made in writing using the standard form (Whistleblowing Disclosure Form) or filed with the Compliance Department through the appropriate reporting channels set up for this purpose.


B. It may also be filed through any Human Resource – Industrial Relations Manager, who, in turn, shall refer it to the Compliance Office for appropriate handling.

C. While the Company does not expect the employee to have absolute proof or evidence of the misconduct, malpractice or irregularities reported, the report should show reasons for the concerns and full disclosure of any relevant details and supporting documentation.

D. As the Company takes reporting of misconduct, malpractice, and irregularities seriously and wants to conduct warranted investigations of both potential and actual violations, it is preferred that Whistleblowing Reports are not made anonymously. However, it is recognized that for any number of reasons, employees may not feel comfortable reporting

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potential violations unless the same is done anonymously, in which case, the same report may be directed to the Compliance Department through any of the available reporting channels.

E. For verbal Whistleblowing, the Compliance Officer, AIU, and Investigating Officer shall:

- solicit and document as much information and details from the Whistleblower;
- ask for documents or other evidence in support of the Whistleblowing Report (e.g., e-mails sent, etc.); and
- ask the Whistleblower, who chooses to identify himself, if he/she is willing to sign the transcript of the relevant discussions between the Whistleblower and the Compliance Department, as prepared by the latter and/or to be identified in the course of the investigation.

The Investigating Officer shall prepare the corresponding Whistleblowing Disclosure Form based on the transcript referred to above.


6.3.Submission of Complaint on Retaliation

A. If a Whistleblower or a Witness believes that he has been retaliated upon for filing a Whistleblowing Report or for participating or cooperating in an investigation under this Policy, he may file a written complaint with the Compliance Office.

B. The complaint on Retaliation may be filed within three (3) months from the occurrence of the last alleged act or incident of Retaliation. Complaints on Retaliation should be made in writing and submitted in a sealed envelope marked "Confidential" to the Compliance Office.

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C. Written complaints on Retaliation should indicate the following:

- Name, designation, work address and phone number of the complainant;
- Name and title of the director, officer, executive, supervisor or employee alleged to have retaliated or to be involved in the Retaliation against the complainant;
- Brief description and date of the Whistleblowing Report to which the alleged Retaliation relates;
- Brief description and details of the alleged Retaliation (date/time, place and manner); relevant evidence to prove the Retaliation.

6.4. Report on Retaliation

The Compliance Office shall receive and conduct the preliminary evaluation of the report on Retaliation to determine whether the information set forth under Section 6.3 (C) are indicated and the following criteria are present:


- Meets the definition of Retaliation; and
- Indicates serious implications of the alleged Retaliation to the complainant; and there is probable cause to warrant further investigation.

After the preliminary evaluation and after it is determined that the Report on Retaliation necessitates further investigation, the Compliance Officer may designate an AIU or an Investigating Officer who shall conduct an investigation, which shall include but not be limited to:

- Conducting interviews and seeking sworn statements from the complainant;

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- Conducting interviews and seeking sworn statements from witnesses as appropriate; and
- Maintaining files and records of Report on Retaliation and the pertinent investigation reports, and the outcome of recommendations consistent with confidentiality requirements.

6.5. Handling and Preliminary Assessment of Whistleblowing Report

6.5.1 Receipt and Handling of Whistleblowing Report

A. In the event that the report is not in writing in the prescribed form and/or merely conveyed verbally or through other means, the receiving officer/personnel from the Compliance Department shall ensure that the information received shall be transcribed onto the appropriate form in order that a file on the matter may be initiated.

B. The receiving officer/personnel shall endeavor to obtain all necessary information required to make a preliminary assessment of the disclosure.


C. He/she shall likewise ensure that communication between him/her and the Whistleblower remains open in order that additional information, if necessary, can be obtained.

D. Should the report be made verbally to any officer/employee who is not from the AIU, it shall be the duty of such person to communicate to the Compliance Officer so that said personnel shall transcribe the said report as provided in the preceding paragraph.

E. The Company will hold it a serious disciplinary offence for any person who seeks to prevent a Whistleblowing Report from reaching the designated person, or to impede any investigation which he or anyone on his behalf may make.

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F. If a Whistleblowing Report refers to incident involving any of the Company's subsidiaries or affiliates, the Company's Compliance Department shall refer the same to the Compliance Officer of the concerned subsidiary or affiliate, and promptly inform the Whistleblower of such.

6.5.2. Case Monitoring

A. All Whistleblowing Reports received by the Compliance Department shall have a Whistleblowing Disclosure Form and assigned a corresponding case number for monitoring purposes.

B. The Compliance Department shall maintain a log of all Whistleblowing Reports received and shall submit a report to the Company's Compliance Committee on:

1. All Whistleblowing Reports concerning the Company received by the Compliance Department which should include the following details:

- i. Authorized Investigating Unit and Investigating Officer to whom the case was referred, if any;
- ii. Status of outstanding Whistleblowing Reports; and
- iii. Final disposition or resolution of Whistleblowing Reports.


2. A summary of Whistleblowing Reports submitted by the subsidiaries and affiliates on a quarterly basis.

C. The Compliance Department shall maintain and control a complete case file for all Whistleblowing Reports. Every case file shall include:

1. Covering Whistleblowing Disclosure Form;
2. All investigation reports;
3. All related correspondence or memoranda;
4. All documentary evidence gathered;
5. List of other physical evidence gathered and their location; and

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6. Other relevant documents and records relating to the case.

6.5.3. Evaluation of the Whistleblowing Report


A. Upon receipt of the Whistleblowing Report, the Compliance Department shall conduct a preliminary assessment to determine whether there is:

1. Sufficient evidence and leads to initiate an investigation, in which case, he/she may proceed to gather information from other sources as may be warranted. If the complaint pertains to matters outside of CG Policies, an AIU should be designated for a more detailed handling. The Whistleblower should be advised accordingly.
2. Insufficient evidence and leads or unclear matters, in which case, he/she should resume discussions with the Whistleblower in order to obtain more information or verify and validate information on hand.
3. A malicious or false complaint, in which case the Compliance Department or the AIU shall dismiss the report and may proceed to investigate if the Whistleblower acted in good faith and whether he/she should be subjected to sanctions.

B. Regardless of whether there is sufficient evidence or not, the Compliance Department or the AIU shall, in appropriate cases, make recommendations regarding applicable internal controls and procedures that may be imposed and established in order to prevent further occurrences of the act or acts reported. The same shall be communicated to the Head of the concerned office through the Compliance Department for appropriate action.

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6.5.4. Sufficiency of the Whistleblowing Report

A. The Whistleblowing Report must contain at least the following information:


1. Full name and position of the Respondent;
2. Specification of the charge or charges;
3. Brief statement of the relevant and material facts, including the approximate time and place of the commission of the act or omission complained of, the persons involved and such other matters that will assist the Compliance Office to identify the nature of the violation or offense; and
4. Any evidence that the Whistleblower may have, including affidavits of Witnesses and/or third parties, including, but not limited to the Company's suppliers, vendors, and contractors.

B. Notwithstanding the provisions of Anonymous reporting of this Policy, no anonymous Whistleblowing Report shall be entertained unless there are sufficient facts and evidence cited in the Whistleblowing Disclosure Form that would lead a reasonable man to conclude that the charge is not frivolous and intended to harass the Respondent.

C. Should the Compliance Department find the Whistleblowing Report insufficient because of the Whistleblower's failure to provide sufficient information under Section 6.5.4 (A) above, the Compliance Department shall advise the Whistleblower, if he is identified or can be contacted in accordance with Section 5.3, that such insufficiency may constrain the Compliance Department to close the case and not to take further action on the Whistleblowing Report as the lack of information prevents the proper conduct of investigation.

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D. The format and length of an investigation will vary depending upon the nature and particular circumstances of each complaint made. The matters raised may:

1. Be investigated internally;
2. Be referred to the AIU (Internal Audit, Human Resources Department, Ethics Committee, etc.) for appropriate action;
3. Be referred to an external counsel or consultant; or
4. Form the subject of an independent inquiry.


6.6. Investigation and Reporting

6.6.1 Investigation

The Compliance Department, the AUI concerned, or the Investigating Officer as stated in shall ensure that the investigation is conducted in accordance with existing laws, regulations, applicable Company Policies and procedures, and with due process of law.

The following factors shall be considered in the handling of a Whistleblowing Report covering matters within the scope of this Policy.

1. The gravity and relevance of the allegation(s) and issue(s) raised;
2. The probability that the allegation(s) or issue(s) raised are true;
3. The significance of details and evidence submitted; and

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4. The possible sources of additional evidence, including testimonies or affidavits of third parties, including, but not limited to, the Company's suppliers, vendors, and contractors.

6.6.2. Conclusion

The Compliance Officer, with the help of the Investigating Officer, shall determine whether the Whistleblowing Report:


A. WILL NOT BE PURSUED – If despite efforts to obtain additional information, the Compliance Officer should still find the Whistleblowing Report insufficient for further action, it shall advise the Whistleblower, if he is identified or can be contacted in accordance with Section 5.3, in writing of such finding and the basis thereof.

B. NEEDS FURTHER INVESTIGATION – The Whistleblower, if he is identified or can be contacted in accordance with Section 5.3, shall be notified that an investigation will be conducted either by an AIU or an Investigating Officer as deputized by the Compliance Officer, and the report of the findings will be provided to the Compliance Officer.

6.6.3. Reporting

A. Upon completion of the investigation, the Investigating Officer shall submit to the Compliance Department a written report on the findings, including a summary of the evidence gathered and a conclusion as to whether or not the Whistleblowing Report is substantiated.

B. If the Whistleblowing Report is determined to be substantiated, the Compliance Department shall issue a report to the immediate superior of the Respondent, for the immediate superior's appropriate action. The name of the Respondent shall not be disclosed or reported to anyone who does not have the need to know it while the investigation is pending. The immediate superior of the Respondent shall follow the procedures laid down by applicable laws, rules, and Company regulations, specifically in terms of informing the

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Respondent in writing of the particular act constituting the offense or infraction imputed to him, requiring the Respondent to answer the charges against him and affording the Respondent the opportunity to be heard and to defend himself.

C. Investigation and determination of the appropriate disciplinary action shall be made by the immediate superior in accordance with applicable laws, rules, and Company regulations.

D. The immediate superior shall provide the Compliance Officer a report of the final action/disposition made in accordance with Sections 6.6.1 and 6.6.2. It shall likewise advise the Compliance Officer to close the case records.


E. In the event that an employee who is under investigation resigns from the Company pending the completion of the investigation or final resolution of the case against him, his resignation shall be without prejudice to the outcome of the investigation or final resolution of the case. Any benefit due the resigning employee shall be withheld pending the outcome of the investigation or final resolution of the case.

6.7. Protection of Whistleblowers

In the event that a Whistleblower or any Witness alleges acts of retaliation from any Company Personnel, on account of his/her Whistle blowing report or testimony in connection with any whistleblowing report, it shall be the duty of the Investigating Officer, in coordination with the Compliance Department, to:

A. Within Seventy-Two Hours (72) hours upon receipt of such information, determine the veracity of the allegations by all means necessary;

B. In case such acts of retaliation are true, the Investigating Officer may recommend, subject to the approval of the Compliance Officer, with the concurrence of the

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Head of the Human Resources Department, ancillary measures to protect the Whistleblower and/or Witnesses such as, but not limited to:

1. re-assignment, whether temporary or permanent, of one or any other party involved;
2. verbal warnings and reprimands, against the party or parties concerned, either from the Compliance Department, Human Resources Department, and/or their immediate Head;
3. designation or creation of special work areas;
4. In case of third-party reports, the Compliance Department shall endeavor to develop appropriate measures together with Procurement and/or the Finance Department in order that such third-party, and/or the company s/he represents shall continue to fairly pursue and bid for business and contracts with the Company; and
5. Such other measures as are necessary to preserve the status quo prior to the filing of the report or to protect the rights of the parties concerned.

C. The Investigating Officer may also recommend other measures to sanction the behavior of the person or persons guilty of Retaliation and may file appropriate administrative charges against said persons as may be warranted under applicable laws, rules, and Company regulations.

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Section 7.Roles and Responsibilities

7.1. Compliance Department

A. Receive Whistleblowing Report, conduct a review of the Whistleblowing Report in accordance with Sections 6.5.3 and 6.5.4, and unless pertaining to violations of CG Policies, endorse the Whistleblowing Report to and coordinate with the AIU for further handling and investigation.

B. Facilitate and complete within the prescribed period the investigation of Whistleblowing Report involving violations of CG Policies.

C. Monitor and maintain records of the receipt, disposition and resolution of all Whistleblowing Report and ensure the appropriate monthly reporting thereof to the Compliance Committee and the Board.

D. Monitor and maintain records of the receipt, disposition and resolution of all Whistleblowing Report filed by subsidiaries and affiliates and ensure the appropriate quarterly reporting thereof to MPHHI Group's Chief Compliance Officer, the Company's Compliance Committee and the Board.

7.2. Authorized Investigation Unit (AIU)


A. Facilitate and complete within the prescribed period the investigation of Whistleblowing Report, as endorsed by the Compliance Officer.

B. Regularly inform the Compliance Officer of the actions taken on his Whistleblowing Report and the basis thereof.

C. Report to the Compliance Officer the final action, disposition, and/or recommendation made on the Whistleblowing Report.

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7.3. Employees / Witnesses

A. Provide truthful information and cooperate fully with the Compliance Officer, the AIU, and the Investigating Officer whenever the investigation involves employees or units within their area of responsibility.

B. Report in good faith any suspected violation of the CG Policies, or conduct which constitutes a Questionable Accounting and Auditing Matter or an offense under applicable laws, rules, and Company regulations.

C. Cooperate in the investigation, including making available for examination all necessary records and information.

7.4. Immediate Superior of Respondent

A. Inform the Respondent in writing of the particular act or retaliatory acts constituting the offense or infraction imputed to him, require him to answer such charges, and afford him the opportunity to be heard and to defend himself, in accordance with applicable laws, rules, and Company regulations.

B. Inform the Respondent in writing of the results of the investigation and/or disposition of the Whistleblowing or Retaliation Report filed against him.


C. Implement the appropriate disciplinary action.

D. Report to the Compliance Officer his decision and/or the imposition of the disciplinary action on Respondent in accordance with applicable laws, rules, and Company regulations.

E. Ensure that in case the Respondent resigns pending the completion of the investigation or final resolution of the case against him, he shall inform the Respondent that the resignation shall be without prejudice to the results of the investigation or the final

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resolution of the case, and that any benefits due him, if any, shall be withheld pending final resolution of the case.

Section 8. Consequences of Violation

Any director, officer, employee or consultant found to have violated this Policy shall, in addition to any penalties that may be provided under duly approved CG Policies, applicable laws and regulations, be liable to the extent of the damage/loss suffered by the Company, and may be subject to penalties and sanctions as may be determined by the appropriate corporate authorities, whether or not damage/loss is actually suffered by the Company.


Specifically, the following penalties shall be applied:

The table below classifies offenses and provides the imposable penalty for each offense.

NO. OF OFFENSE	PENALTY
First Offense	Written Warning
Second Offense	Five (5) day suspension to twenty (20) day suspension depending on the gravity of the offense upon the discretion of the Immediate Superior of Respondent.
Third Offense	Dismissal

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Section 9. Process Flows

The prescribed procedures (*see Annex A*) shall cover the end-to-end handling of Whistleblowing Reports and handling of Reports on Retaliation.

Both processes shall require the management and execution of tasks and activities among identified responsible units within the Company that would ensure swift resolution of such complaints. Please refer to the attached process flow-charts.

Section 10. Timescales

Due to the varied nature of issues which may be raised it is not possible to lay down precise timescales for either internal or external investigations. Investigation will be undertaken as quickly as possible in line with the nature and severity of the allegation / concern without affecting the quality and depth of the investigation. Initial stage investigations to be conducted by the AIU concerned or the Investigating Officer will seek to conclude their enquiries and provide feedback to the Compliance Officer within four (4) weeks.


Section 11. Retention and Storage of Personal Data

Records shall be kept for all reported misconducts, malpractices, and irregularities by the relevant parties in the Company. In the event a reported irregularity leads to an investigation, the party responsible for leading/conducting the investigation shall ensure that all relevant information relating to the case is retained, including details of corrective action taken for a period not exceeding six (6) years (or whatever other period may be specified by any relevant legislation).

All personal data collected as part of this procedure will be stored securely at all times, in accordance with the Company's Policy on Data Privacy.

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Section 12. Effectivity

This policy shall take effect immediately. All existing policies, guidelines, regulations, systems, practices and relates implementing guidelines concerning the same matters covered herein are deemed superseded by this Policy. In the event of any inconsistency between the policy contained herein and the terms of other existing policies, guidelines, systems practices and related implementing guidelines, this policy shall prevail.

This policy, the other Corporate Governance Policies, and the Code of Ethics and Business Conduct have supplemental application to each other.

For any questions about this Policy, you may approach your immediate superior , the Human Resources Department, or the Compliance Department.

Section 13. Approval, Amendment or Alteration of Policy

This Policy has been approved and adopted by the Board of Directors of the Company. The Compliance Department and the Company's Board of Directors, Executive Committee, Management Committee, and Middle Managers have the overall responsibility for implementation, monitoring and periodic review of this Policy.

This Policy shall not be amended, altered or varied unless such amendment, alteration or variation shall have been approved by resolutions of the Board of Directors.

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	JHAZEL V. JAVIER, CPA Compliance Officer – Developmental Assignment		8/03/2021
Verified:	NANCY B. HIZON, MS Psych, FPCHA Human Resources Division Officer		8/11/2021
	CHARMAIN G. ILEJAY Sales & Marketing Division Officer – Developmental Assignment		8/12/2021
	RICKY G. SALIDO Logistics Division Officer – Developmental Assignment		8/16/2021
	JULIE ANNE CHRISTINE J. KO, CPA, MBA, FPCHA Chief Finance Officer – Developmental Assignment		8/17/2021
	ENGR. NOEL P. GARBO, MBA, FPCHA Engineering & General Services Division Officer		8-16-2021
	ROSARIO D. ABARING, RN, MAN, PhD, FPCHA Ancillary Division Officer		8-09-2021
	PRINCESS A. ABELLON, MBA Pharmacy Division Officer – Developmental Assignment		8/10/21
	MARIA LIZA C. PERAREN, RN, MN Nursing Division Officer – Developmental Assignment		8/19/2021
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		8/20/2021
Recommen ding Approval:	MA. ANTONIA GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer and Medical Director		8/25/2021
	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President- Chief Operating Officer		08/20/21
Approval:	GENESIS GOLDI D. GOLINGAN President and CEO		8/11/2021

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DISSEMINATION

Communicator's Bulletin

Weekly Management Meeting

Annual Reorientation of Employees

Pre-board and On-board Orientation of Employees

REFERENCE:

Adopted with modifications from the Metro Pacific Hospital Holdings, Inc. (MPHHI) – Corporate Governance Policy: Whistleblowing Policy

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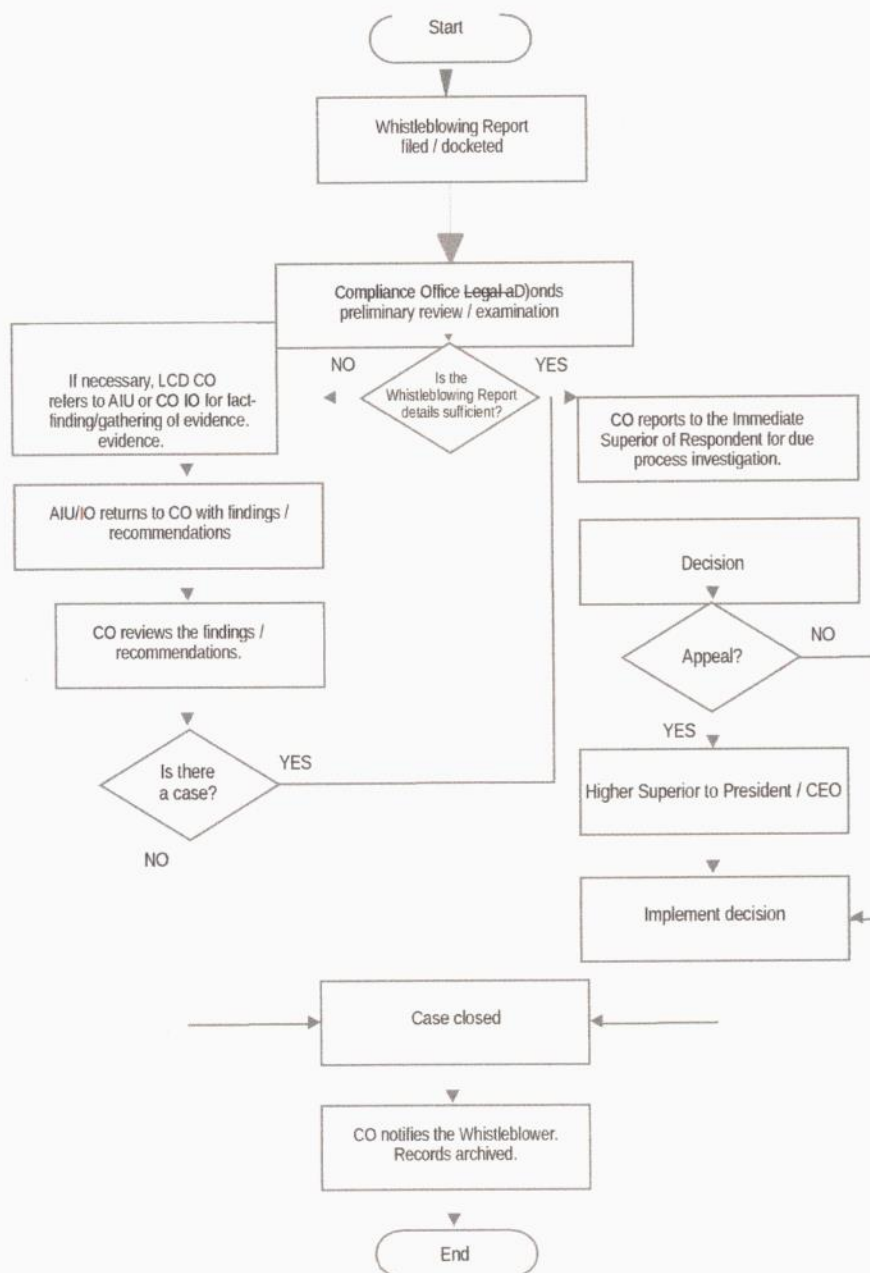


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ANNEX A: Process flow in the Investigation of Whistleblowing/Retaliation Report



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ANNEX B: Whistleblowing Disclosure Form

WHISTLEBLOWER Complaint/Disclosure Form <i>On violations of Corporate Governance Practices, Questionable Accounting or Auditing Matters</i>			
<p>Note: All information provided shall be kept confidential. Please provide as much information as possible and attach additional sheet if necessary</p>			
COMPLAINANT'S INFORMATION (Individual filing the Complaint/Disclosure)			
Name:		Office Address:	
Signature:		Employee No:	Email Address: Date of Report:
Department:		Designation:	
Phone No:		Email Address:	
INFORMATION CONCERNING THE COMPLAINT (Briefly describe the misconduct/improper activity and if there is more than one allegation, number each allegation and use as many pages as needed.)			
What misconduct / improper activity occurred?		When and where did the incident occur?	
		Supporting Evidence/s Is there any evidence that you could provide which would assist us in the investigation? <input type="checkbox"/> No documents attached <input type="checkbox"/> With documents attached No. of pages: ____ <input type="checkbox"/> Recorded / captured video or image <input type="checkbox"/> Others (Please specify): _____ _____ _____	

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			How did you know about the subject of the Complaint/s? <input type="checkbox"/> Personal or direct knowledge <input type="checkbox"/> Others have told me about it <input type="checkbox"/> White paper <input type="checkbox"/> Others (Please specify): _____ _____	
			Why are you making this disclosure? _____ _____	
			If ever this goes to a formal proceeding such as a court case, will you be willing to provide evidence and/or testify? _____ _____	
RESPONDENT'S INFORMATION Who is/are the person/s involved?			PLEASE ADVISE ON HOW WE MAY CONTACT YOU.	
Name	Designation	Department	Complainant will: <input type="checkbox"/> Email/Fax/Call again <input type="checkbox"/> Visit the Legal and Compliance Office <input type="checkbox"/> Others (Please specify): _____ _____ _____	
Who is/are the possible Witness(es)?			Legal and Compliance Department is being requested to provide feedback: <input type="checkbox"/> By phone <input type="checkbox"/> Through email <input type="checkbox"/> Others (Please specify): _____ _____	
Name	Designation	Department		

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FOR USE OF LEGAL AND COMPLIANCE DEPARTMENT ONLY

MODE OF COMPLAINT SUBMISSION

☐ Email ☐ Fax ☐ Mail ☐ Mobile Phone
☐ Others

Cas
e
No.

Receipt No.:

Investigating Officer:

What is the major issue involved? (Check as many as possible.)

Violation of Corporate Governance Rules

- ☐ Manual on Corporate Governance
☐ Anti-Bribery and Anti-Corruption Policy
☐ Conflict of Interest Policy
☐ Whistleblowing Policy
☐ Others (Please Specify):

Fraud Classification

- ☐ Financial/Accounting
☐ Procurement, Properties
☐ Information Systems and Projects
☐ Revenue-related
☐ Subsidiaries and
☐ Business Operations and Affiliates
☐ Others (Please Specify):

Questionable Accounting Matter

- ☐ Misappropriation of Funds
☐ Circumvention / Disregard of Policies
☐ Acts / transaction grossly disadvantageous to the
Company
☐ Misuse / Abuse of Company Assets
☐ Circumvention/violation of approving and signing
authorities
☐ Others (Please Specify):

Others:

- ☐ Misconduct
☐ Commission of an Offense
☐ Willful Disobedience
☐ Neglect of Duty
☐ Sexual Harassment
☐ Breach of Trust
☐ Others (Please Specify):

Details of Initial Inquiry with the Complainant:

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PRELIMINARY EVALUATION		DISCLOSURE HISTORY
Was the complainant advised of his rights and obligations under the Whistleblowing Policy? ____ Yes ____ No	Meets the definition of Retaliation? ____ Yes ____ No	Was the disclosure previously reported to a management level? If yes, to whom was it reported? What do you think was the reason for lack of immediate action?
ACTION TAKEN ____ For investigation ____ For referral to AIU AUI: _____ ____ No further action taken	REMARKS:	
DISPOSITION OF THE CASE (Case closed?) ____ Yes ____ No Date: _____ Referred to: _____ Date: _____	REMARKS:	

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SIGNATURE OVER PRINTED NAME			
INITIAL INQUIRY	PRELIMINARY EVALUATION / INVESTIGATION		DISPOSITION OF THE CASE
Conducted by:	Investigated by:	Reviewed by:	Approved by:
Name: _____	Name: _____	Name: _____	Name: _____
Designation: _____	Designation: _____	Designation: _____	Designation: _____
Date: _____	Date: _____	Date: _____	Date: _____

PRIVACY NOTICE: Any personal information processed by this form shall be used for the purpose of CG investigation and shall be kept confidential and shall not be disclosed outside MPHHI Legal and Compliance Department without the consent of the data subject. You may reach the Legal and Compliance Department directly to access, update/modify, delete your personal information if necessary. For other data privacy concerns, email: dpo@mphhi.com.ph

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SCHEDULE A: Examples of Policy Violations

- Granting a supplier undue favor.
- Collusion with a supplier to ensure award of a contract.
- Unauthorized disclosure of confidential information.
- Knowingly destroying company files which are the subject of government investigation.
- Failure to disclose related party transactions.
- Solicitation of money or gifts from contractors of the Company.
- Violation of the Conflict of Interest Policy
- Violation of the ABAC Policy


SCHEDULE B: Examples of Questionable Accounting / Auditing Matters

B.1 Questionable Accounting Matters – Examples

- Intentional acts resulting in:
 - Significant overstatement or understatement of account balances.
 - Non-recording of material transactions in a complete or timely manner.
 - Gross violation of generally accepted accounting principle(s).
 - Major misclassification of accounts
 - Inaccurate or non-disclosure of significant information relevant to proper interpretation of the financial statements.
 - Accounting entries without supporting underlying transactions or proper documents

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B.2 Questionable Auditing Matters – Examples

- Misappropriation of funds.
- Misuse or abuse of Company assets and facilities.
- Circumvention of or disregard of CG policies.
- Circumvention or violation of approving and signing authorities.
- Acts of transactions grossly disadvantageous to the Company.

SCHEDULE C: Examples of Possible Instances of Retaliations

- Giving the Whistleblower or Witness a baseless low or lower rating in his performance evaluation in grave abuse of discretion and with complete disregard of the performance appraisal systems or procedures of the Company;
- Sudden involuntary reassignment to a position with demonstrably less responsibility or status as the one held prior to the reassignment during the period of filing the Whistleblowing Report and the investigation thereof or a proximate period thereafter, except if it is pursuant to and implemented in accordance with the Company's policy on reassignments or on approved reorganization or redeployment plan;
- Unjustified or bad faith exclusion of the Whistleblower or Witness from promotion, training, or benefits that are generally available to all employees of the same level and category and performance level;
- Unjust vexation or hostile treatment by co-workers or superior, other than for causes attributable to or personal to the Whistleblower or Witness [except the filing of Whistleblowing Report or participation as Witness];
- Any discriminatory or unjustified material adverse change in the terms and conditions of employment of the Whistleblower or Witness.

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REVISION HISTORY

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