

Anti-Bribery & Anti-Corruption (“ABAC”)

MANUAL

POLICY AND PROCEDURE			
Document Title:	ABAC Manual		
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Abbreviations

In this manual, the following abbreviations shall have the following meaning unless otherwise stated:

ABAC	Anti-Bribery and Anti-Corruption		MACC	Malaysian Anti-Corruption Commission
BoD	Board of Directors		MD	Managing Director
FAL	Financial Authority Limit		RMC	Risk Management Committee
HOD	Head of Department		SSM	Suruhanjaya Syarikat Malaysia

1.0 Objectives

1.1. General Information

The Anti-Bribery & Anti-Corruption (“ABAC”) Manual (hereinafter referred to as “Manual”) defines the policies and procedures for RELYON BESTARI HEALTHCARE SDN BHD (hereinafter referred to as RELYON BESTARI HEALTHCARE) [Reg. No: 502823K] a company incorporated on 5th January 2000 pursuant to Companies Act 1965. Rules (including Circulars and Letters) from the regulators will automatically supersede the existing operating policies and procedures herein stated.

The Manual is applicable to the following stakeholders:

- a. Board of Directors (BoD) and employees’ of RELYON BESTARI HEALTHCARE ;
- b. suppliers, sub-contractors, consultants, agents, representatives and others performing work or services for or on behalf of RELYON BESTARI HEALTHCARE .

It is the intention of Board of Directors (“BoD”) and employees’ of RELYON BESTARI HEALTHCARE , to ensure that these procedures serve as our commitment to prohibit bribery and corruption in the business conduct within RELYON BESTARI HEALTHCARE .

1.2. Manual Objectives

The main objectives of this Manual are as follows:

- To ensure the policies and procedures / practices are oriented towards embedding anti-bribery and anti-corruption stance organisation wide, with guidance from Guideline on Adequate Procedures and requirements of Malaysian Anti-Corruption Commission (“MACC”) Amendments Act 2018;
- To ensure adequate and standardised ABAC policies and procedures are consistently applied throughout RELYON BESTARI HEALTHCARE by Board of Directors (“BoD”) and all relevant employees’; and
- To ensure that business operations within RELYON BESTARI HEALTHCARE are strictly adhering to the ABAC Manual procedures.

2.0 Key Definition

2.1. Anti-Bribery and Anti-Corruption (“ABAC”) Manual

This refers to the Anti-Bribery and Anti-Corruption Manual established by RELYON BESTARI HEALTHCARE .

2.2. Board of Directors (“BoD”)

This refers to as the Board of Directors (“BoD”) of RELYON BESTARI HEALTHCARE .

2.3. Code of Ethics and Conduct

This refers to as the formalised work and business ethics enforced within RELYON BESTARI HEALTHCARE .

2.4. Corporate Hospitality

This refers to any considerate care of guests offered in the manner that complete expenses are borne by the company itself. This includes refreshments, accommodation and entertainment at a restaurant, hotel, club, resort and other venue.

2.5. Donation & Sponsorship

This refers to the gift given out by RELYON BESTARI HEALTHCARE for charity, humanitarian aid or to support local community welfare, whether in-kind or by way of financial contribution.

2.6. Employee

This refers to any person who is in the employment of RELYON BESTARI HEALTHCARE , but not limited to contract employee.

2.7. Extortion Payment

This refers to money that is forcibly extracted from RELYON BESTARI HEALTHCARE and its employees' by real or perceived threat to health, safety and liberty and is outside the scope of ABAC.

2.8. Facilitation Payment

This refers to illegal or unofficial payment made in return for services that the RELYON BESTARI HEALTHCARE is legally entitled to receive without making such payment. For example, a payment made to government official or a person with certifying/ approval function to expedite the necessary action in the capacity of abovementioned person.

2.9. Gift

This refers to items given by RELYON BESTARI HEALTHCARE to a third party without the expectation of payment or benefit in return. For example, voucher, gift cards, Company branded product or promotional items, hamper, and festive gifts (i.e. mooncake, mandarin orange).

2.10. Guideline on Adequate Procedure

This refers to the document issued by the Prime Minister's Department in June 2018.

2.11. Financial Authority Limit (“FAL”)

This refers to the approved documents stipulating the approving authority and authority limits allowed for the Board of Directors (“BoD”) at RELYON BESTARI HEALTHCARE .

2.12. MACC Amendments Act 2018

This refers to the amended legislation on corporate liability issued by Malaysian Anti-Corruption Commission (“MACC”), which was gazetted on 4 May 2018.

2.13. Management

This refers to the management team of RELYON BESTARI HEALTHCARE , including HODs, Head of Finance/Chief Financial Officer (CFO), Managing Director (MD)

2.14. Risk Management Committee (RMC)

This refers to the Risk Management Committee (“RMC”) of RELYON BESTARI HEALTHCARE , providing oversight of ERM and corruption risk assessment of RELYON BESTARI HEALTHCARE. The RMC is led by Head of Finance (Corporate Risk Manager) comprises of Senior Management and selected Head of Departments who will periodically review Enterprise Risk Management (ERM) Register.

They shall oversee and ensure accountability of bribery and corruption risk identified with the corresponding controls to be implemented.

ERM will identify, manage and monitor risks and rapidly share risk mitigation solutions against critical risks. ERM in RELYON BESTARI HEALTHCARE is embedded in all activities and decision-making.

2.15. Sponsorship

This refers to support, either financially or by way of product and/ or services for an event or activities organised by a profit/ non-profit organisation, local communities, government departments or agencies, primarily aimed at raising awareness about RELYON BESTARI HEALTHCARE profile.

2.16. Whistleblower

This refers to a person (internal or external) raising or reporting concerns of wrongful activities or wrongdoings as defined in the Whistleblowing Policies and Guidelines Document of RELYON BESTARI HEALTHCARE .

2.17. Whistleblowing Policies and Guidelines

This refers to the Whistleblowing Policies and Guidelines of RELYON BESTARI HEALTHCARE .

3.0 Responsibility

3.1. Board of Directors

- a. Sets commitment towards prohibition of bribery and corruption in the business conduct within RELYON BESTARI HEALTHCARE ;
- b. Approves the ABAC policy and procedures;
- c. Ensures the alignment of ABAC policy and procedures to the strategy of RELYON BESTARI HEALTHCARE ;
- d. Maintains oversight on ABAC governance, ensuring that best practices of ABAC management system is established, implemented, maintained and reviewed to adequately address RELYON BESTARI HEALTHCARE bribery and corruption risks, including the policy and procedures; and
- e. Promotes appropriate ABAC culture within RELYON BESTARI HEALTHCARE .

3.2. Managing Director

- a. Provides overall direction on the establishment, implementation and periodic review of ABAC policy and procedures;
- b. Ensures the integration of ABAC policy and procedures requirements into key organisation functions such as human resource management, procurement and finance, **sales & business development, training & Operations** and enhance the underlying controls on these key functions so as to support ABAC policy and procedures requirements;
- c. Supports the resource allocation and investment in a robust and effective ABAC policy and procedures;
- d. Supports adequate training and awareness programmes for the employees of RELYON BESTARI HEALTHCARE ;
- e. Communicates on the ABAC policy and procedures, both internally and externally;
- f. Promotes appropriate ABAC culture within RELYON BESTARI HEALTHCARE ; and
- g. Support other relevant management personnel in preventing and detecting bribery and corruption.

3.3. Corporate Risk Manager (Head of Finance)

- a. Ensures that the ABAC policy and procedures are adhered to within RELYON BESTARI HEALTHCARE ;
- b. Reports on non-compliance cases to the RMC, including follow-up action status on the said cases;
- c. Attends to inquiries about RELYON BESTARI HEALTHCARE 's ABAC Manual and its practices within RELYON BESTARI HEALTHCARE ; and
- d. Facilitates the corruption risk assessment periodically.

3.4. Employee

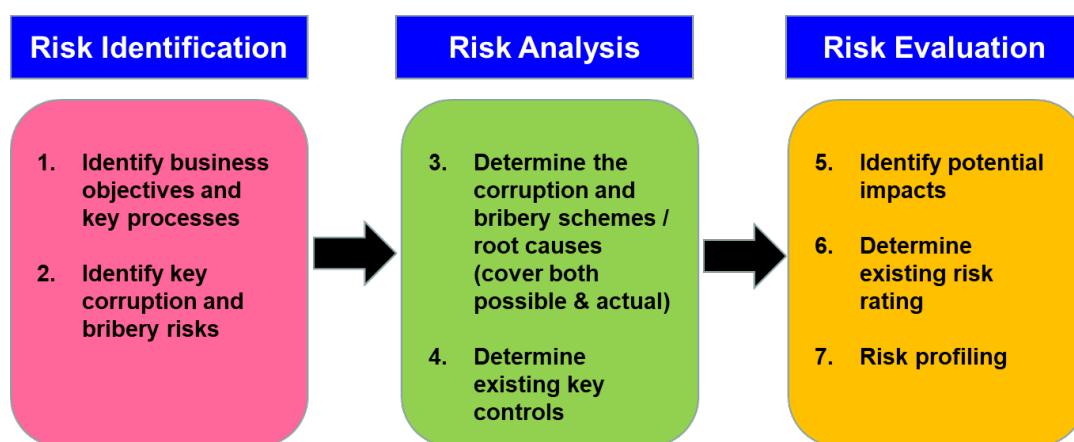
- a. Executes the ABAC policy and procedures, including enhancement of underlying controls on affected functions under his/ her responsibility, as elaborated in this Manual;
- b. Adheres to the requirement of the Manual; and
- c. Reports on suspected bribery or corruption via the whistleblowing channel of RELYON BESTARI HEALTHCARE .

3.5. Amendments to Manual

If there is any requirement to update, improve, and / or amendments made to this Manual, proposed changes must be submitted for authorisation and for approval by the Managing Director. Key information on addition of new policy / procedure and deletion or variation of existing policy / procedures shall be indicated for version control purpose.

4.0 Corruption Risk Assessment Approach

- a. RELYON BESTARI HEALTHCARE had established a Corruption & Bribery Risk Management Framework guided by ISO 37001:2016 and Guidelines on Adequate Procedures. The framework outlines the governance, structure and policies, assessment process, and integration of risk management into RELYON BESTARI HEALTHCARE operations activities to promote continuous monitoring on the bribery and corruption risk identified. The bribery and corruption risk assessment process are depicted in the diagram below:



- b. The BoD, through the Risk Management Committee (“RMC”), which comprises of Senior Management and selected HOD shall oversee and ensure accountability of bribery and corruption risk identified with the corresponding controls to be implemented.
- c. The risk parameters (i.e. financial impact, customer relationship and reputation / media) are established to estimate the consequences of a risk, namely likelihood of occurrence and criticality of impact, based on RELYON BESTARI HEALTHCARE’s risk appetite.
- d. Risk profile is developed to capture potential corruption scheme(s), possible root causes, existing key controls and impact was maintained for RELYON BESTARI HEALTHCARE . The risks are then evaluated based on the likelihood of occurrence and criticality of impact (i.e., Low, Medium, High and Extreme) to provide a basis for Management in strategic decision-making process and mitigating bribery and corruption risks.
- e. RMC of RELYON BESTARI HEALTHCARE shall conduct regular risk assessment i.e. on a quarterly basis to ensure the bribery and corruption risk is remains relevant and adequate mitigating controls were discussed and deliberated.

5.0 Gift, Corporate Hospitality, Donation and Sponsorship

RELYON BESTARI HEALTHCARE recognises the importance of gift and corporate hospitality giving/ acceptance, donation and sponsorship activities to maintain good rapport with its vendors, customers and government officials. The policies and procedures set out below are to safeguard RELYON BESTARI HEALTHCARE reputation and to protect its employee from allegation of soliciting bribe, corruption or exercising undue influence on external party(s) for personal gain.

5.1. Purchase of Gift and Corporate Hospitality

- a. Purchase requisition pertaining gift and corporate hospitality shall be restricted to **RM500** per transaction subject to the approval by MD. Such gifts and hospitality shall fulfil the following conditions prior to approval:
 - i. They are intended to maintain good rapport with the vendors/ customers of RELYON BESTARI HEALTHCARE and government officials;
 - ii. They are limited, customary and lawful under the circumstances;
 - iii. They do not have or perceived to be affecting action(s) or decision(s) of the receiving party;
 - iv. There must be no expectation of any specific favor, benefit or advantages from the intended recipients;
 - v. There must not be any corrupt/ criminal intent; and
 - vi. The giving out of gift or corporate hospitality must be transparent.
- b. Purchase of gift or corporate hospitality, subject to the fulfilment of condition as stipulated in Clause 5.1 (a), is only permitted to the HOD and above within RELYON BESTARI HEALTHCARE .
- c. Any purchase of gift or corporate hospitality in nature exceeding RM500 requires second approval from the Managing Director.
- d. Purchase requisition on gift or corporate hospitality shall be indicated with purpose of requisition, including client or vendor name or representative details.

5.2. No Gift & Entertainment Acceptance

- a. Under no circumstances that an employee of RELYON BESTARI HEALTHCARE shall receive or soliciting for personal gift or entertainment from an external party.
- b. In the event that an employee is being offered if such, he shall politely reject the offer and inform it is company policy no gift and entertainment can be accepted by RELYON BESTARI HEALTHCARE's employee.

5.3. Donation and Sponsorship

Donation and sponsorship are only permissible with prior approval by the Managing Director and with official letter of request from the requesting external party.

5.4. Facilitation Payment

- a. Facilitation payment to external party including agents, in particular, government officials, is strictly prohibited as it is seen as a form of bribery and corruption, unless it can be proven that such payment is legitimate and supported by an official agreement and receipt.
- b. Subject to the fulfilment of criteria in Clause 5.1(a), facilitation payment request must be approved by the Managing Director.

5.5. Extortion Payment

- a. Extortion payment to external party is not categorised as an illegal activity by legal means. It is only allowed the employee(s) of RELYON BESTARI HEALTHCARE is threatened, as health, safety and or liberty of one is paramount.
- b. The Head of Finance for all entities within RELYON BESTARI HEALTHCARE and Far East region, shall maintain a record of such event and report the payment to the relevant authority.
- c. Subject to the fulfilment of criteria in Clause 5.2(a), extortion payment request must be approved by the BoD.

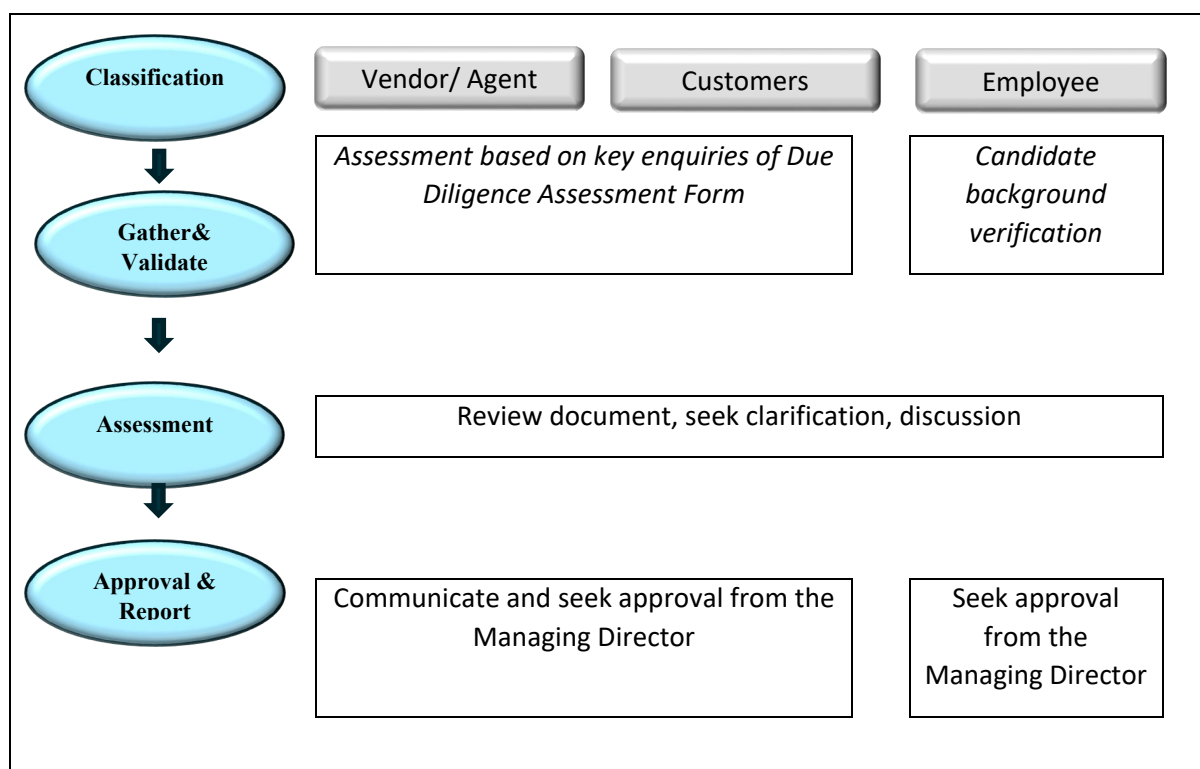
6.0 Due Diligence Procedures and Dealing with External Parties

RELYON BESTARI HEALTHCARE recognises the objective of due diligence procedures on customers, business partners, vendors and employees to evaluate the risk of bribery and corruption associated with these parties. This also serves as a basis for decision making, whether to accept or reject before entering into any contractual arrangement or business dealing.

RELYON BESTARI HEALTHCARE shall require due diligence procedure to be applied on the key stakeholders below:

- i. Vendors or agents;
- ii. Customers; and
- iii. Employees.

The diagram below depicts the due diligence process flow:



6.1. Dealing with Vendors or Agents

- a. RELYON BESTARI HEALTHCARE is committed to uphold the highest standard of ethics and integrity in all aspects of its procurement activities by:
 - i. Adhering to the procurement policies and procedures;
 - ii. Avoiding dealing with any vendor, sub-contractors, or agents who known or reasonably suspected of corrupt practices;
 - iii. Ensuring that all new vendors/ sub-contractors/ agents are subject to background assessment and conflict of interest check prior to registration and acceptance;
 - iv. Communicating the Manual requirements to vendor, sub-contractors or agents (Please refer to **Appendix A** for **Vendor ABAC Declaration Form**);

- v. All contracts / agreement entered with vendors, sub-contractors or agents to incorporate a provision whereby RELYON BESTARI HEALTHCARE retains right to audit third party compliance with the Manual; and
 - vi. All agents are required to declare on their adherence to the Manual requirements via **Appendix A Vendor ABAC Declaration Form**.
- b. A Due Diligence Assessment Form shall be used in guiding RELYON BESTARI HEALTHCARE employee to undertake an assessment on the vendors', sub-contractors', or agents' background and reputation, including their conflict of interest (Please refer to **Appendix B for Due Diligence Assessment Form**). The key components of vendor/ agent due diligence procedures cover the following but may vary depending on the circumstances:
- i. Corporate profile;
 - ii. Company search via Suruhanjaya Syarikat Malaysia ("SSM");
 - iii. Financial background;
 - iv. Directorship;
 - v. Past records of criminal, bribery or corruption cases; and
 - vi. Potential conflict with existing employees or Board of Directors ("BoD") of RELYON BESTARI HEALTHCARE .
- c. The results and/ or any concern raised during this due diligence assessment must be communicated to and with approval from the MD or Group CEO if MD deems to be necessary prior to entering into the relationship.

6.2. Dealing with Customers

- a. In ensuring that RELYON BESTARI HEALTHCARE dealings with its customers complies with relevant rules, regulations and the Manual requirements, the safeguard procedures below are required:
- i. All new customers are subject to background assessment and conflict of interest check prior to entering into a business dealing; and
 - ii. A standard ABAC clause shall be included in all contracts / agreement entered with customers to enable the Company to terminate the contract in the event of any proven bribery or corruption activities.
- b. A Due Diligence Assessment Form will be used in guiding the RELYON BESTARI HEALTHCARE employee to undertake an assessment on the customers' background and reputation, including their conflict of interest (Please refer to **Appendix B for Due Diligence Assessment Form**). The key components of customers due diligence procedures cover the following but may vary depending on the circumstances:
- i. Corporate profile;
 - ii. Company search via Suruhanjaya Syarikat Malaysia ("SSM");
 - iii. Financial background;
 - iv. Directorship;
 - v. Past records of criminal, bribery or corruption cases; and
 - vi. Potential conflict with existing employees or Board of Directors ("BoD") of RELYON BESTARI HEALTHCARE .
- c. The results and/ or any concern raised during this due diligence assessment must be communicated to the Managing Director prior to entering into the relationship.

6.3. Dealing on Recruitment of Employees

- a. Background screening on shortlisted candidate(s) is required during the evaluation stage of recruitment process (Please refer to **Appendix C** for **Employee Background Check Consent Form** and **Appendix D** for **Employee Background Check Form**).
- b. Key considerations prior to acceptance of shortlisted candidate(s) cover the following:
 - i. Past criminal records (if any);
 - ii. Potential fraud, bribery or corruption committed in the previous organisation;
 - iii. Verification of past employment or institution of learning references, where applicable; and
 - iv. Conflict of interest, i.e relationship with any employee, vendor, customer or Board of Directors (“BoD”) of RELYON BESTARI HEALTHCARE .
- c. Recruitment due diligence result shall be vetted by the Managing Director prior to acceptance of the candidate for all executives and non executive positions. For Managing Director position, it shall be vetted by Chairman and Group CEO
- d. Newly recruited employee(s) shall be provided with an onboarding programme, including the briefing on RELYON BESTARI HEALTHCARE ’s ABAC Manual, and all other RELYON BESTARI HEALTHCARE or RelyOn Code of Conduct policies . They will sign of Letter of Commitment for ABAC. (Please refer to **Appendix E** for **Letter of Commitment on ABAC**)

7.0 Reporting Procedures on Suspected Bribery or Corruption Activities

Reference shall be made to the *Whistleblowing Policy* of RELYON BESTARI HEALTHCARE pertaining to reporting procedures on suspected bribery or corruption activities.

Whistleblowers are encouraged to report in good faith or to raise a concern about any attempted, suspected and actual bribery or corruptions activities that violates to the Manual at the earliest possible stage.

Upon making a disclosure in good faith, based on reasonable grounds and in accordance with the procedures pursuant to the *Whistleblowing Policy*, the whistleblower will be protected from any form of retaliation within RELYON BESTARI HEALTHCARE .

7.1. What to Report

The key information or documents below are to be provided by the whistleblower to facilitate further investigation, if required:

Email to : codeofconduct@relyonnutec.com

Subject :

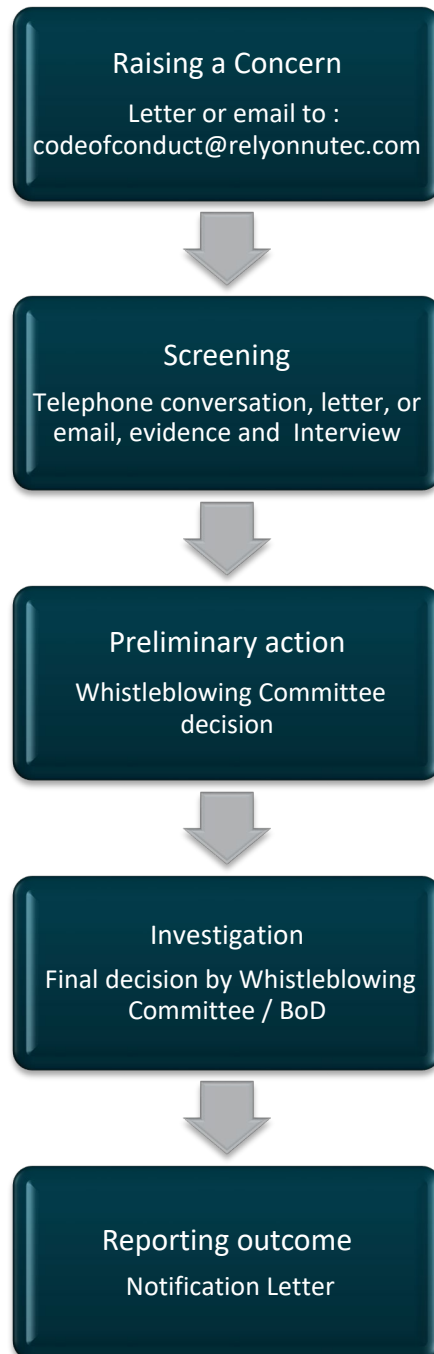
- a. Whistleblower’s contact information
 - i. Name (*)
 - ii. Designation
 - iii. Contact Number
 - iv. Email Address (*)

- b. Suspect's information
 - i. Name
 - ii. Designation
 - iii. Contact Number
 - iv. Email Address
- c. Complaints / concerns
 - i. Incident date
 - ii. Affected parties
 - iii. Incident or event location
 - iv. Supporting documents (where applicable)
 - v. Other details or information which may assist the investigation

** May leave the information blank if the whistleblower wish to remain anonymous*

7.2. How to Report

Whistleblowers shall report their concerns using the reporting channels as stated in the *Whistleblowing Policy*, which is available on the RELYON BESTARI HEALTHCARE website.



8.0 Internal / External Assessment

- a. As part of the internal monitoring process, Corporate Risk Manager (Head of Finance) shall review the underlying controls of ABAC and identify any non-compliance incidences on a quarterly basis.
- b. If any of RELYON BESTARI HEALTHCARE key stakeholders as defined in Clause 6.0 are found to have breached any ABAC rules and regulations or this Manual, such breach may result to the following actions taken:

Key stakeholders	Actions taken
Employee	Disciplinary action by RELYON BESTARI HEALTHCARE in accordance with the Code of Ethics and Conduct of RELYON BESTARI HEALTHCARE which includes termination of employment.
Vendor/ agents/ customers	<ul style="list-style-type: none">i. Subjected to BoD's approval, retain business dealings;ii. Discontinue business dealings with immediate effect;iii. Termination of contract with immediate effect; oriv. Legal proceedings if required.

- c. RELYON BESTARI HEALTHCARE shall review and assess the adequacy and implementation of this Manual on a regular basis i.e. every three (3) years.

9.0 Training and Awareness Programme

- a. Annual training and awareness programme on ABAC shall be provided to RELYON BESTARI HEALTHCARE 's employees and key stakeholders as defined in Clause 6.0, as appropriate to their roles and taking into account the bribery risk assessment.
- b. Updates on this Manual with regards to its policy and procedures as well as regulatory requirement affecting the ABAC practices shall be communicated to RELYON BESTARI HEALTHCARE 's employees and key stakeholders as defined in Clause 6.0.

Appendices

Appendix A Vendor ABAC Declaration Form

Our company, _____ (Company Name), (which includes its Directors, Officers and Employees who intend to conduct business transaction(s) with the RELYON BESTARI HEALTHCARE ") hereby to confirm that:

- a. A copy of the Anti Bribery and Anti Corruption Manual ("ABAC Manual") was provided and we have read and understood the policy (A copy of the policy is available on www.msts-my.org) We agree and undertake to abide by all the terms and condition of the ABAC Manual at all times.
- b. We have not been convicted nor are we subject of any investigation, inquiry or enforcement proceedings by the relevant authorities of any actual or suspected bribery and corruption activities.
- c. If we have reasonable grounds to suspect any actual or suspected breach to the ABAC Manual, we will report such act to RELYON BESTARI HEALTHCARE as soon as reasonably practicable.
- d. In the event that we are in breach of the ABAC Manual, the RELYON BESTARI HEALTHCARE may immediately terminate the contract / agreement entered without any liability whatsoever on the part of the RELYON BESTARI HEALTHCARE to us. This is without prejudice to any other rights or remedies that the RELYON BESTARI HEALTHCARE may have or any other appropriate action which the RELYON BESTARI HEALTHCARE may seek under the terms of the applicable contract / agreement or the applicable rules and regulations.

Yours sincerely,

Name of Company Director (or authorized):
Name of Company:
Company stamp:

Appendix B Due Diligence Assessment Form

	RELYON BESTARI HEALTHCARE Due Diligence Assessment Form	Ref. No: RELYON BESTARI HEALTHCARE - DD-00
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1.0 Company Background Information				
Company Name		Registration Number		
Date of Incorporation				
Principal Business		Country / location of Operations		
Please list the shareholders or owners who have interest in the Company's business				
Name	Shareholders/ Director	% of Shares		Any interest within RELYON BESTARI HEALTHCARE (Y/N)
		Number	Percentage	

2.0 Financial Performance			
Description	Current year	Previous Year	Remarks
Revenue			
Gross margin			
Profit / (Loss)			

Appendix B Due Diligence Assessment Form (Cont'd)

3.0 General checklist			
Description	Yes	No	Remarks (if Yes)
1. Within the last three (3) years, did any of the shareholders, directors or senior management, ever been found involved into any criminal, bribery or corruption cases?			
2. Does the Company allow facilitation payment practice in its business dealings?			
3. Does the Company have any channels in place to allow reporting of any misconduct?			
4. Does the Company rely on agents or intermediaries for its business operation?			
5. Does the Company have a code of conduct or any form of formalized ABAC policy and procedure?			
6. Does the Company have any policy to govern gift, corporate hospitality and entertainment giving and acceptance?			

	RELYON BESTARI HEALTHCARE		Ref. No: RELYON
	Due Diligence Assessment Form		BESTARI
			HEALTHCARE -
			DD-00
3.0 General checklist			
Description	Yes	No	Remarks (if Yes)
7. Do any shareholders, directors or Senior Management of the Company have connections with government official / politician (including immediate family member)?			

Attachments required:

1. Form 49 equivalent or SSM search report
2. CTOS report
3. Company's code of conduct (if any)
4. Company's ABAC Manual (if any)
5. Any other background research / news

Name of Company Director (or authorized):

Name of Company:

Company stamp:

Assessed by:

Reviewed by:

Signature

Name:

Date:

Signature

Name:

Date:

Appendix C Employee Background **Consent** Form

I, _____, understand and agree to give consent to RELYON BESTARI HEALTHCARE to conduct a background check to confirm my personal information, and previous employment experience by contacting my references or previous employers to verify the details provided in the application form.

I also understand that this is necessary if I wish to meet all of the criteria for the position of _____ [job title] at RELYON BESTARI HEALTHCARE, and that a successful background check is not a guarantee of employment.

Signature

Date

Appendix D Employee Background / Reference Check Form

	RELYON BESTARI HEALTHCARE Employee Background Check Form	Ref. No: RELYON BESTARI HEALTHCARE -HR-00
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References Name:	Contact No.:
Date called:	Time called:

No	Category	Questions	Points	Remarks (if any)
1	A	How long had the employee served the Company		
2		What was the reason for him / she leaving the previous Company		
3	B	Work Attitude		
4		Performance		
5		Punctuality		
6		Relationship with superior		
7		Relationship with peer		
8		Relationship with subordinates		
9		Willing / unwilling to accept responsibility		
10		Relationship with clients		
11		Leadership skills		
12		Job Knowledge / Professional qualification related to position applied		
13	C	Are there any misconduct / disciplinary action taken against the employee (If yes, list each incident and the details)		
14	D	Would you consider to reemploy him		
15		Would you consider others to employ him		
Total points				

Appendix D Employee Background / Reference Check Form

	RELYON BESTARI HEALTHCARE Employee Background Check Form	Ref. No: RELYON BESTARI HEALTHCARE -HR-00
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Category	Points	Remarks
A	4	Consistent information provided in Employment Application Form / Interview Session
	0	Inconsistent information provided in Employment Application Form / Interview Session
B	1	Poor
	2	Satisfactory
	3	Good
	4	Excellent
C	4	No misconduct case
	0	If any misconduct case
D	4	Recommended
	0	Not recommended

Total Points	10 - 29	Poor
	30 - 40	Satisfactory
	41 - 50	Good
	51 - 60	Excellent

Background checked by:

Signature

Name:

Date:

Appendix E Letter of Commitment for Anti-Bribery, Anti-Corruption

I, hereby declare that I understand the stated Policy and all its terms and conditions. As an employee of **RELYON BESTARI HEALTHCARE**, I will ensure full compliance that I shall not accept or receive, give or offer bribes to any individual to obtain individual or business purpose advantage.

If I am found guilty of accepting or receiving, giving or offering bribes, then I hereby consent and agree to the following actions to be taken:

1. Disciplinary action in accordance to company policy
2. Termination of employment by the company
3. Disciplinary action in accordance with Malaysian Anti-Corruption Act 2009

Full Name of Employee:

Email of Employee:

NRIC of Employee:

Employee ID:

Yours sincerely,

.....

Employee Signatory

Date :