

DECLARATION FORM

1. I/We are the contractor/sub-contractor/vendor/supplier/solicitor/agent/consultant/joint venture partner/ introducer/ government intermediaries of PASDEC Holdings Berhad and/or its subsidiary ("PASDEC").
2. I/We hereby declare that:
 - (i) I/We will comply with all applicable laws and regulations relating to Anti-Corruptions & Bribery.
 - (ii) I/We have read from Pasdec's website; PASDEC's Code of Business Conduct & Work Ethics Policy, PASDEC's Anti-Corruption & Bribery Policy and Pasdec's Whistleblower Protection Policy and will comply with the provision in the Policies and Procedures.
 - (iii) I/We will uphold the following anti-corruption principles:
 - a. Committing to promote values of integrity, transparency, accountability and good corporate governance.
 - b. Prevention of corruption and fighting any form of corrupt practice.
 - c. Supporting anti-corruption initiatives led by the government and the authorities. (hereinafter collectively referred to as "the requirements") in all our dealings.
3. I/We have not been convicted nor are we subject to any investigation, inquiry or enforcement proceedings by the relevant authorities of any actual or suspected breach and will report any actual or suspected breach as soon as reasonably practicable and to the extent permitted by the law, to PASDEC.
4. I/We undertake to promptly inform PASDEC of any breach and/ or alleged/ suspected breach of the requirements and cooperate with PASDEC in any investigation of such breach involving PASDEC's personnel.
5. I/We acknowledge that the provisions set out in this declaration form shall form part of the terms and conditions of our appointment and/ or contract of service.
6. I/We further acknowledge that PASDEC has the right to suspend or terminate the contract/ agreement/ job and disqualify us from tendering and/or involving for future contracts/ jobs if we were found to have breached the requirements or any other terms and conditions implemented by PASDEC pursuant to the contract/ agreement/job.

Signature of Authorized Person: _____

Name of Company's Authorized Person: _____

Company's Name : _____

Company's Stamp : _____

Date: _____