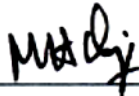


WHISTLE BLOWING POLICY

Approved By:



Dr. Manzoor H. Qazi
Chief Executive Officer

Effective Date: May 01, 2021

1. Purpose

The purpose of this policy is to provide an avenue for the employees to disclose the instances of misconduct/potential misconduct as mentioned below, that must be based on good faith whether or not the same is corroborated by cogent evidence, and to protect such employees from reprisals, victimization or retaliation for whistle blowing. The policy aims to:

- Encourage individuals to feel confident in raising concerns
- Provide avenues for individuals to raise concerns
- Provide reassurance that individuals will be protected from possible reprisals or victimization
- To provide staff with guidance as to how to raise those concerns

2. Scope

All employees of Shifa International Hospitals Ltd.

3. Policy

a. Definition

Whistleblowing –is the disclosure of information which relates to suspected wrongdoing (generally a breach of a legal, statutory or regulatory requirement or unethical, immoral behavior).

Malpractice – could be improper, illegal or negligent behaviour by anyone in the workplace.

b. Policy Statement

SIH is committed to conducting business with honesty and integrity and expect all staff to maintain high standards in accordance with hospital policies and procedures. However, all organizations face the risk of things going wrong from time to time. A culture of openness and accountability is essential in order to prevent such situations occurring or to address them when they do occur.

Any staff member whether medical, paramedical or other under the employment of the Hospital including consultants, hereinafter referred to as “the employee(s)” shall be free without fear of retaliation or victimization to report instances of misconduct or potential misconduct.

c. Types Of Malpractice, Impropriety And Dangers

Whistleblowing Policy is not designed to permit or encourage the questioning of legitimate financial or business decisions properly taken by the organization. Similarly, it may not be used to bring about the consideration (or reconsideration) of any matters of private interest to the individual concerned, which may be properly and appropriately addressed under other hospital procedures.

However to be dealt with under this Policy the disclosure of information should, in the reasonable belief of the person & tend to show one or more of the following types of malpractice, impropriety or dangers:

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- Criminal offense has been committed, is being committed or is likely to be committed.
- Miscarriages of justice
- Unlawful activity in violation of any law, rule, regulation, or policy
- Gross mismanagement/negligence
- Incorrect financial reporting
- Abuse of authority
- Unethical practices by directors/consultants/employees etc.
- Endangering of someone's health & safety
- Damage to the environment
- Covering up wrongdoing in the above categories
- Discrimination of any kind
- Activities that are not in line with Hospital's policies
- Activities, which otherwise amount to serious misconduct.
- Deliberate concealment of any of the above matters.

d. Procedure To Follow In Case Of Established Policies

If there are established policies and procedures in order to address the said instances of misconduct, the employees are expected to follow the respective policy prior to whistle blowing.

Separate hospital policies & procedures are in place covering areas such as;

- Policy for Disciplinary Action (CORP-HR&D-004).
- Harassment Policy (CORP-HR&D-044).
- Grievance Policy (CORP-HR&D-008)

e. Remedial Committee

A remedial committee will be constituted who will be dealing with all issues and investigation regarding any concerned raised under this policy. The committee will constitute of;

1. General Manager FMD
2. General Manager CBD
3. Administrator HR&D

f. Procedure For Reporting A Complaint

SIH acknowledges that it is not always easy to report a concern, particularly one that relates to financial misconduct, poor practice, fraud, corruption, abuse and other aspects of misconduct or criminal behaviour. However, SIH is committed to encouraging staff or others with serious concerns to take responsibility to report such concerns with confidence and trust.

If an employee has enough evidence or in case of no evidence in good faith has reasons to believe that the Hospital or any of its director, officers, employees or agents has committed the misconduct as aforesaid or otherwise engaged in illegal or inappropriate acts/conduct, the employee should report the misconduct to any one of the three members of the remedial committee.

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If the complaint is against Hospital or its directors or any member of the remedial committee the same shall be communicated by the remedial committee to the members of the audit committee or such members of the audit committee against whom such allegations are not made in the complaint respectively.

It is important that individuals disclose information in accordance with this Policy at the earliest opportunity. The disclosure should, however, contain as much detail as possible of the grounds for concern. The complaints should contain factual information and be not based on guessing or speculation and should be accompanied by cogent evidences, name of individual, significant details, location or events and name(s) of the witnesses, if any.

The Remedial Committee or the Audit Committee as the case may be shall act prudently, bonafidely and in good faith to decide whether the complaint should be pursued or investigated based upon the contents of the complaint and/or accompanying evidences.

g. Investigation

After reviewing the complaint so received if the Chairman of Audit Committee or the Remedial Committee as the case may be is of the opinion that enough evidence exists to consider the complaint as a formal one, the respective Chair after communicating the decision to the person making the complaint if not made anonymously, shall commence the investigation as early as possible taking into consideration the severity of misconduct so involved.

All relevant facts should be gathered promptly before memories of events fade. Statements should be taken from the witnesses at the earliest opportunity. All statements should be signed and dated. Any physical evidence should be retained if reasonable to do so. The Remedial Committee will produce an investigation report for Chief Operating Officer, outlining the facts of the case and a chronology of the investigation.

All the persons involved in the complaint or investigation shall keep any information related to the complaint or investigation confidential unless such a communication is necessary and authorized in accordance with this policy.

The respective committee shall review all the facts and evidences and shall act in a prudent manner to evaluate the allegations levelled in the complaint. While investigating the complaints, the respective committee may summon the complainant, if not anonymous, who may accompany with him/her any other person if the complainant desires so to speak on his/her behalf; witnesses and the person(s) against whom the complaint is made.

The results of review may be as follows:

- a. An investigation report
- b. ordering a further internal investigation;
- c. ruling, where appropriate, that:

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- The person making the disclosure was motivated by malice or some other improper motive (and may therefore be subject to the Hospital’s internal disciplinary procedures).
- The disclosure was without substance or merit.

h. Corrective Measures

The findings of the Remedial committee along with the recommendations shall be communicated to the Audit Committee, if the complaint is referred to Remedial Committee, which shall then forward the same to the management of the Hospital for taking appropriate action in accordance with the advice of the Audit Committee.

i. Confidentiality

It is expected that staff will feel able to voice concerns openly under this policy. The identity of the complainant shall be kept in complete confidentiality. If it is necessary for anyone investigating the concern raised to know complainant’s identity, it will be done after prior consent.

All the complaints submitted in written form and all written materials produced or acquired pursuant to an investigation under this Policy shall be kept confidential and shall be retained for a period of three years. Remedial Committee shall act as custodian of all the said documents.

Hospital will treat disclosures of information made under this Policy in a confidential and sensitive manner. It should be recognized, however, that the investigation process may, of necessity, reveal the source of the information and, as part of the investigation, an individual making a disclosure may need to provide.

j. Protection & Support For Whistle Blowers / Zero Tolerance Against Retaliation

It is understandable that whistle-blowers are sometimes worried about possible repercussions. SIH aim to encourage openness and will support staff members that raise genuine concerns under this policy. The Hospital shall be Zero Tolerant against any type of retaliation or victimization against the employee only on the basis of making such complaint therefore, any employee may be subject to administrative and disciplinary measures up to and including termination of employment or termination of privileges, when he/she retaliates against another employee who has made a complaint in accordance with this policy or against any employee who was called as a witness.

k. Anonymous Allegations

Individuals making disclosures under this Policy are encouraged to give their names. Anonymous disclosures are not as strong and may prove difficult to investigate, but they will be considered at the discretion of the management. However; the employee shall be at liberty to make complaints anonymously if he/she opts so.

Anonymous concerns will nevertheless be taken seriously and investigated as fully as possible. However hospital is not accountable for maintaining anonymity where you have told others of the alleged misdemeanour.

In exercising this discretion, the factors to be taken into account will include the:

- Seriousness of the issues raised;

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- Credibility of the information disclosed; and
- Likelihood of confirming the information from other sources.

I. Untrue Allegations

If an individual discloses information under this Policy which is not then confirmed by subsequent investigation and if at the very outset or during or after investigation the complaint is found to be baseless or have made with malicious or vexatious allegations with a view to personal gain, appropriate measures shall be taken against the person making the complaints as per policy for Disciplinary Action (CORP-HRD-004).

If however, the allegations made in the complaint prove to be correct, any corrective measure as envisaged in the Disciplinary Policy shall be made against the accused.

4. Distribution

Intranet (Document Management System)

5. Related Documents

None

6. Annexure

A. Checklist

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ANNEXURE A

CHECKLIST

Guidance on information required when raising a concern under the whistleblowing policy and procedure

To assist in assessing or investigating concerns, it would be helpful if the employee could be as clear as possible with the details. As a minimum the committee need to understand the following:

- Date(s) of incident(s)
- Type of incident (see appendix 1 for guidance)
- Description of incident(s)/details of concerns
- Where did it happen?
- Who has been involved?
- If possible, explain how you think the matter may be best resolved or start thinking about it in preparation for any meetings you may be required to attend (if you have shared your identity)

If employee feels comfortable sharing his/her identity then he/she should provide with his/her name, work location and contact detail.

Amendment Sheet

| S. No. | Rev. Date | Rev. # | Nature of Change | Approved By |
|--------|------------|--------|--|------------------|
| 01 | 01-01-2017 | 00 | New Policy | CEO |
| 02 | 01-05-2021 | 01 | Change in Committee Members (Minor Change) | Director Quality |

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