



WHISTLE BLOWER'S FORM

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Introduction

This whistleblowing policy is an important mechanism for maintaining the Bank's accountability and transparency by enabling employees and other stakeholders of the Bank with a mechanism to voice their concerns in a responsible and effective manner. Therefore, we request that the appended form be completed to provide details of any suspected serious misconduct, improper or suspicious practices, financial impropriety, or any breach or suspected breach of law or regulation that may adversely impact the Bank. The form may be submitted to the Corporate Secretary/Chief Audit Executive or the Chief Compliance Officer using the secure email or mailed to the address detailed in the form below.

All information will be dealt with confidentially. An assurance is given that the person making the report will be protected against any adverse consequences that may result from the reporting provided they are in line with the principals of good faith as outlined in the policy.

Please refer to the Bank's Whistleblowing Policy for further details.

Whistleblowers' Form

Date _____

1. Which of the following classifications best represents the alleged misuse, fraud or abuse?

Illegal or unlawful conduct

- Embezzlement, misuse of funds, assets
- Cash, Kickbacks, bribes, extortion, forgery
- Violation of laws and regulations

Financial misconduct

- Incorrect accounting treatments, false financial reporting, false certifications
- Fraudulent remittances, transfer of funds
- Market abuse, insider trading,

Unethical misconduct

- Violation of code of conduct, conflicts of interest, ethics violation
- Danger to health or safety of UGB's employees, damage to the environment
- Deliberate cover up of information

Wasteful Misconduct

- Misappropriation of resources
- Favoritism to incompetent vendors
- Actions detrimental to the interests of the Bank.

Please state the names(s) of the individual (s) involved in the alleged activity

2. Has the activity that you wish to complain about, been reported to any other person?

No _____ Yes (If yes, then to whom and when)?

4. Provide details concerning the alleged activity. Attach additional pages if necessary

5. How does the Whistleblower wish to be identified?

Anonymous Confidential No restriction

Whistleblower's information (optional)

Name :

Address

Phone :

Email:

Email this form to

auditcompliance@ugbbah.com or

info@ugbbah.com

Mail it to

The Chief Audit Executive

The Chief Compliance Officer

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