Bangkok Chain Hospital Public Company Limited

Whistleblowing and Complaint Policy

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Bangkok Chain Hospital Public Company Limited

Board of Directors of Bangkok Chain Hospital Public Company Limited (the "Company") provide opportunities for directors, executives, employees, and stakeholders both internally and externally of the Company and its subsidiaries to report clues, complaints, or suggestions about legal offenses, business ethics, corruption, or deficiencies in the internal control system of the Company and its subsidiaries. The company will bring such clues, complaints, or suggestions to investigate the facts in order to determine further remedial measures, which can be notified through the following channels:

Phone	02-836-9937
Fax	02-106-4858
E-mail	report@bangkokchainhospital.com
Website	www.bangkokchainhospital.com
Postage	Submit whistleblowers and complaints (According to the attachment) To"**Recipient of Complaint**" Bangkok Chain Hospital Public Company Limited World Medical Hospital Building, 22nd Floor 44 Moo 4 Chaengwatthana Road, Pak Kret Subdistrict, Pak Kret District, Nonthaburi 11120

Note: "Recipient of Complaint" is the Company Secretary.

Procedure after Receiving Complaints

The recipient of complaints is responsible for overseeing, collecting, screening, and submitting complaints to the Chief Executive Officer (CEO), then CEO will appoint an investigation committee to screen and investigate those complaints. The representatives of the investigation committee participating in the consideration are personnel manager or representative from departments, supervisor in the complainant's line of work who have no conflicts or interests with the complainant, representative from the Risk Management Committee, the Secretary of the Audit Committee or a representative from the Audit Committee participates to observe.

After the investigation, the secretary of the Audit Committee or representatives from the Audit Committee will summarize the report and present the report on the proceedings of complaints and whistleblowing to the Audit Committee. In the event that it affects the reputation, image, or financial position of the Company, or is in conflict with the Company's business policies, or senior management is involved, the Audit Committee will propose the complaints to the Board of Directors for further consideration.

Protection and Confidentiality

The Company will conceal the name-surname, address, or any information that can identify the complainant or the information provider and keep the information of the complainant and/or the information provider confidential. This is limited to those who are responsible for investigating complaints procedure, where complaints will be seriously responded. However, if the Company finds a fraudulent whistleblowing or has the intention of bullying others to be damaged, defamed, insulted, hated, or embarrassed, the Company will proceed as it deems appropriate.

This Whistleblowing and Complaint Policy shall come into effect from January 14, 2026, onward, pursuant to the resolution of the Board of Directors' meeting No. 1/2026 held on January 14, 2026.

Attachment

แบบแจ้งเบาะแสและข้อร้องเรียน

Complaint and Misconduct Report Form

วันที่รายงาน:_____

Date of report

ชื่อ – นามสกุล* (เลือกที่จะไม่เปิดเผยได้):_____

Whistleblower's name (Optional)

ที่อยู่: _____

Address**:** _____

หมายเลขโทรศัพท์: _____ E-mail: _____

Telephone

บริษัทที่เกี่ยวข้อง: _____ วันที่เกิดหรือพบเห็นการกระทำผิด: _____

Name of company involved Date of incident (and/or date misconduct or fraud was discovered)

โปรดระบุรายละเอียดเรื่องร้องเรียนของท่าน หรือ ลักษณะการกระทำผิดหรือการทุจริต

Please provide full details of the type of misconduct or fraud committed or suspected:

_____

_____

_____

ชื่อ-นามสกุล ตำแหน่งของบุคคลหรือกลุ่มบุคคล และมูลเหตุที่ทำให้ท่านเชื่อว่ามีส่วนเกี่ยวข้องกับเหตุการณ์

Name(s) and job title(s) of person(s) believed to be involved and the basis for your belief:

_____

_____

_____

มูลค่าของเงินหรือทรัพย์สินที่เกี่ยวข้อง / ประมาณการความเสียหายที่คาดว่าจะเกิดขึ้น (ถ้ามี)

Where money or other valuable assets are involved, estimate the suspected loss (if any)

_____

_____

_____

หมายเหตุ : โปรดแนบเอกสารเพิ่มเติม (ถ้ามี)

Note: Attach additional sheets (if any)