



**ADVANCED PACKAGING
TECHNOLOGY (M) BHD.** (82982-K)

先進包裝工業(馬)有限公司

(Listed on Bursa Malaysia Securities Berhad)

DECLARATION OF INTEREST FORM

This declaration form is in accordance to APT's Conflict of Interest Policy. Relevant Managers and Employees must declare all the perceived, potential and actual conflict of interest. Where a conflict arises that has not been declared at the annual declaration, or arises in incidental or ad hoc circumstances, declaration is to be made soonest. The completed form is to be submitted to their respective Head of Department or Managing Director for acknowledgement and recordkeeping. It is also the responsibility of the employee to keep a copy of the approved form for audit purposes.

Relevant Employees must declare all outside employment, external committee memberships, and directorships held in public or private companies or organisations, in accordance with the Declaration of Interest Policy and complete the disclosure form.

If in doubt or unclear of the requirements, employees shall consult the Integrity Committee who shall decide, either in constitution with the Managing Director and/or the Integrity Committee.

Non-compliance for declaration of interest:

Failure to disclose a conflict of interest or refusal to resolve or properly manage a conflict of interest will be regarded as non-compliance consequential towards a disciplinary matter. Disciplinary action will be taken in accordance with APT's Framework for Integrity and Code of Conduct. Depending on the severity and circumstances of the non-compliance, disciplinary action may involve reporting to the relevant enforcement agencies.

Details of Employee / Officer

Name : **Staff ID** :

NRIC No. :

Position / Role :

Department :

Date of Declaration :

Declaration Statements:

Please acknowledge by ticking the following boxes:

I have read and understood APT's Declaration of Interest Policy

I understand that should any new Conflict of Interest arise or if there is an important change to an existing Conflict of Interest, I am required to update and submit this Declaration of Interest Form.

<input type="checkbox"/>
<input type="checkbox"/>

Employee's Initials :

Declaration of External Conflict of Interest

I understand that if I, my relatives and associated person(s) have any direct or indirect interest (including employment) in any company which have business dealings with or are in any form of perceived conflict with my employment in APT, I am required to make a declaration.

Relative(s) referred to in this form is defined as Employee’s spouse, brother or sister of Employee, brother or sister of Employee’s spouse, lineal ascendant or descendant of Employee or Employee’s spouse or that their brother or sister, uncle, aunt or cousin of the Employee, and son-in-law or daughter-in-law of Employee.

I would like to declare the following conflict of interest situation that may arise with the following companies:

Interest in Entities who are existing suppliers, customers, business associates or competitors of APT		
Name of Company [includes those of family and relatives]	Nature of Interest [shares / employment/ family / financial or time obligations]	Brief Description of Conflict of Interest [business dealings / role of employment, salary, financial or time obligation, amount]

Declaration of Interests within APT

Name of employee(s) in APT			
Description of Relationship and thus actual, potential or perceived Conflict of Interest :			
<i>Please tick where appropriate :</i>			
Family Relationship	<input type="checkbox"/>	Staff Recruitment	<input type="checkbox"/>
Romantic Relationship	<input type="checkbox"/>	Business Associates in other entities / Others	<input type="checkbox"/>
Brief Description			

Employee’s Initials :

Records of Action as agreed with Head of Department / Managing Director :

Nature of Conflict of Interest	Record of Action
Interest in External Entities	
Family Member Details	
Internal Relationship within APT	

Acknowledgement :

The information provided on this form is, to the best of my knowledge, a full disclosure of any known, potential or perceived Conflict of Interest I have with regard to the position I hold in APT, I am fully responsible if the information given is false / incorrect.

Signed,

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Name :

Date :

<p>Acknowledged by Head of Department / Managing Director</p> <p>_____</p> <p>Name :</p> <p>Date :</p>	<p>Acknowledged by Chairman / Audit / Integrity Committee / Authorised Personnel</p> <p>_____</p> <p>Name :</p> <p>Date :</p>
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Employee's Initials :