
Disclosure Form

ARQ Group Ltd (ACN 073 716 793) and its related companies (**ARQ Group**) are committed to values of accountability to customers, suppliers, peers, managers and team workers, integrity of our processes and procedures and treating others with respect, courtesy and professionalism. This policy is designed to instil those values (set out in full in ARQ Group's Code of Conduct) and encourage a culture where any officer, employee or contractor does not suffer detriment because of speaking up about potential misconduct concerns. ARQ Group appreciates you taking the time to bring matters of concern to our attention; thank you for speaking up.

This form can be used by anyone who is or was a director, other officer, employee, contractor, consultant, supplier, supplier's employee, as well as a parent, grandparent, child, grandchild, sibling, spouse or dependent of any of these individuals.

This form is part of ARQ Group's whistleblower program and is intended to assist you make a disclosure by email or post relating to ARQ Group, or an officer or employee of ARQ Group, under ARQ Group's Whistleblower Policy.

Use of this form (including provision of all information requested in it) is optional and it is open to you to make your disclosure in another way. You can provide this form to ARQ Group by email, post or by hand via:

| | |
|--|--|
| Whistleblower Protection Officer 1 – Company Secretary | Telephone: Email: |
| Whistleblower Protection Officer 2 – Head of Audit & Risk | Telephone: Email: |
| External Service Provider: | Telephone (within Australia): Telephone (outside Australia): Email: Post: Website: |



SECTION A: CONSENT

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I consent to my identity being shared in relation to this disclosure; OR |
| <input type="checkbox"/> | I wish for my identity to remain anonymous <i>(If you wish to remain anonymous, you do not need to complete section B and Section C)</i> |
| <input type="checkbox"/> | I consent to being contacted about my disclosure <i>(If so, please complete Section C)</i> |
| <input type="checkbox"/> | I wish to receive updates about my disclosure <i>(If so, please complete Section C)</i> |

SECTION B: PERSONAL DETAILS

| | |
|---|--|
| Name: | |
| Address: | |
| Location (if applicable): | <input type="checkbox"/> Australia <input type="checkbox"/> |
| Department / Team (if applicable): | |
| Role / Position: | |



SECTION C: CONTACT DETAILS

| | |
|--|---|
| Preferred telephone no: (<i>this may be a private number; please include country and area code</i>) | |
| Preferred email address: (<i>this may be a private email address</i>) | |
| Preferred contact method: (<i>phone / email / in person</i>) | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In person |
| Best time to contact you: | |

SECTION D: DISCLOSURE

All questions are optional – however, the more information that you provide, the easier it will be for us to investigate and address your concerns.

| | | |
|-----------|--|--|
| 1. | <p>A description of your concerns, including:</p> <ul style="list-style-type: none">• <i>Location</i>• <i>Time</i>• <i>Persons involved</i> <p>(<i>You are encouraged to include with this disclosure any supporting evidence you may hold – you can use box 7 or a separate page if you run out of space</i>)</p> | |
|-----------|--|--|



SECTION D: DISCLOSURE

All questions are optional – however, the more information that you provide, the easier it will be for us to investigate and address your concerns.

| | | |
|----|---|--|
| | | |
| 2. | How did you become aware of the situation? | |
| 3. | Who was involved in the conduct, including any names, departments and position? | |
| 4. | Does anyone else know about the matters you are concerned about? | |



SECTION D: DISCLOSURE

All questions are optional – however, the more information that you provide, the easier it will be for us to investigate and address your concerns.

| | | |
|-----------|--|--|
| | <i>(If yes, please describe any steps you have taken to report or resolve your concern and the outcome, if applicable)</i> | |
| 5. | Do you have any concerns about you or any other person being discriminated against or unfairly treated because of this disclosure? | |
| 6. | Do you think the reported conduct might happen again? | |



SECTION D: DISCLOSURE

All questions are optional – however, the more information that you provide, the easier it will be for us to investigate and address your concerns.

| | | |
|------------------|--|--|
| <p>7.</p> | <p>Please include any other details which you believe are relevant</p> | |
|------------------|--|--|

