



CHELSEA
G R O U P

MOZAMBIQUE

Document No: COR/IMS/POL 5 – Whistleblowing Policy

Whistleblowing Policy


REVISION CONTROL

This document is issued under the authority of the company and applies when carrying out the activities described. Revisions may be issued, when necessary, under the authority of the IMS Department. Revision history and details are required to be recorded below with every revised policy.

REVISION HISTORY

Ver. No.	Issue Date	Description
00	17 Jan 2023	First Issue – Approved for Use

REVISION SIGN OFF

Ver No.	Approving Committee	Name	Signature
00	Prepared by Country Operations Manager	Serena Del Angelo	
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POLICY

1. Introduction

The capacity to address complaints effectively and with sensitivity is fundamental to CGM's ethos and management systems. There are two main elements to this process, namely the Company's Grievance Policy and the Whistleblowing Policy. It is important to understand the essential difference between the two: the Grievance Policy gives any individual or organisation the right to register a complaint about something that they believe has adversely affected them as a result of CGM's actions (or lack of them). The Whistleblowing Policy covers instances where someone has witnessed an illegal, immoral, or dangerous activity taking place and, rightfully, needs to know how to report this occurrence. In short, the Grievance Policy deals with complaints relating to those directly affected (internally or externally), and the Whistleblower Policy relates to instances of internal malpractice.

2. Purpose

The purpose of this document is to describe CGM's Whistleblowing Policy and the procedure to be followed to fulfil its requirements.

3. Scope and Applicability

The scope of this policy is Company-wide and is applicable to CGM's entire staff, which includes (but is not limited to): senior managers, officers, directors, employees (permanent or temporary), consultants, contractors, trainees, seconded staff, homeworkers, casual workers, agency staff, volunteers, interns, agents, sponsors or any other person associated with the Company (all of whom are referred to subsequently as 'Protected Person(s)').

4. Policy

CGM is committed to operating in an ethical and transparent fashion in all its dealings with its various stakeholders. It is important to the Company that all Protected Persons are encouraged to raise any concern about a risk, malpractice or wrongdoing, which affects others (CGM staff, visitors, clients, suppliers), or would tarnish CGM's reputation, without fear of retribution (victimisation, harassment or disciplinary action), providing the concern was raised in good faith and not with any malicious intent. In sum, the objectives of this policy are: to encourage and enable Protected Persons, without fear of retaliation, to raise concerns regarding suspected unethical and/or illegal conduct or practices on a confidential and, if desired, anonymous basis so that CGM can address and correct inappropriate conduct and actions.

5. CGM's Commitments

The Company commits to the following in respect of a whistleblower report, providing it has been made in good faith:

- a. The identity of the whistleblower will be protected and, whenever possible, their anonymity will be maintained.

- b. The whistleblower's concerns will be treated confidentially.
- c. The report will be taken seriously and the whistleblower's concerns will be investigated thoroughly.
- d. The whistleblower will be protected from any form of retribution or victimisation.

6. Protected Person's Commitments

Protected Persons have the responsibility to report any form of malpractice, which may jeopardise the Company's commercial standing or reputation or adversely affect any other Protected Person; such a report is included but is to be made via this email address: office.mozambique@chelseagroupworldwide.com

Malpractices are not limited to:

- a. Any illegal act.
- b. Any adverse impact upon Human Rights.
- c. Gross Misconduct.
- d. Breach of SOPs which endangers others.
- e. Non-conformity to certified standards.

PROCEDURE

7. Reporting

If a Protected Person witnesses, or reasonably suspects that they have witnessed, an illegal or unethical act, or a breach of SOPs/certified standards, it is their duty to report the matter as soon as possible.

- a. **Internal.** In the first instance, this must be to their direct line manager; unless there are sensitivities concerning this manager regarding the issue, in which case the initial report should be made to the next level of management. The initial report may be oral but having discussed the issue with a manager, the Protected Person must complete a formal written report (Subject Title: WHISTLEBLOWING) giving full details of what was witnessed/suspected, including the people involved, the time(s) and place(s) of the occurrence(s). The report may remain anonymous, but the receiving manager must acknowledge its receipt. The corporate level of management must be informed of any such reports and an independent investigator must be appointed. Those making a whistleblowing report must:
 - i. Disclose the information in good faith, believing it to be substantially true - only whistleblowers making reports in good faith will be accorded protection.
 - ii. NOT make false allegations - abuse of the Whistle-blower Protection Policy may result in disciplinary action.
- b. **External.** If a Protected Person feels that by reporting the matter internally is likely to be an unsatisfactory course of action for reasons such as fear of reprisal or being ignored, then he/she has the option to make their report externally to an appropriate authority. The same

caveats, which are stipulated in paragraphs 6 and 7.1, still apply. Table 1 provides a list of Appropriate Authorities, it is not exhaustive but provides some guidance.

8. Investigation

Once the investigator has been appointed, he/she is to receive a copy of the report and should interview the Protected Person and manager involved in raising the case. The investigator's task is to establish the facts of the case and decide whether any form of illegal or unethical act, or a breach of SOPs/certified standards has taken place. The following guidelines are to be followed:

- a. Investigations are to be instigated promptly, conducted objectively and fairly, and completed as soon as possible.
- b. Confidentiality regarding the source and the 'suspects' is paramount throughout the investigation.
- c. The investigator must garner evidence to the maximum extent practicable – this should include documents, interviews with 'suspects' and anyone who may be able to corroborate the facts, or otherwise, (appropriate records to be kept) and observations.
- d. Those implicated in the report are to be advised of the allegations made against them and be given the opportunity to explain/refute them. Their explanation is to be included in full within the report. Finally, they must be informed of the outcome of the investigation and, particularly, any adverse comments that may be included in the report before it is finalised.
- e. The investigator's report must include analysis of the facts (supported by evidence) and draw conclusions as to whether the whistleblowing allegations are substantiated or otherwise. It is not the investigator's task to make recommendations concerning corrective or disciplinary action that may need to be taken.
- f. Where the investigator finds that the allegations are unfounded or that there is insufficient evidence to justify them, the report must clearly support those deductions. The significance of confidentiality is increased as those involved (particularly the whistleblower and the implicated) must be protected from disclosure.

9. Follow Up Action

Once completed the investigator's report is to be presented to the MD, who will decide upon the follow up action required, taking legal advice as necessary.

- a. All whistleblowing reports (those of the whistleblower and the investigator) are to be treated as confidential and their distribution tightly controlled; their storage and access are to reflect these restrictions. This particularly the case concerning reports, which prove to be unfounded.
- b. When a whistleblowing report is found to be substantiated, the MD may decide that the matter requires a further investigation to establish the root causes of the problem so that appropriate corrective action can be taken to prevent any reoccurrence.

- c. Disciplinary action is almost certain to be an outcome; this will be decided upon a case-by-case basis but malpractices covered in sub-paragraphs 6a-c are likely to result in summary dismissals.

In sum the two main outcomes are to be disciplinary action and a corrective action plan to improve the processes and procedures involved, thereby minimising the chance of reoccurrence.

10. Confidentiality

The issue of confidentiality has been a constant and high-profile theme throughout this policy and its procedure. Its significance cannot be overstated, and breaches of confidentiality are likely to render the policy ineffective because potential whistleblowers will be discouraged from fulfilling their duty in making a report. Every effort is to be made to protect confidentiality until a formal investigation is instigated; this is to protect the whistleblower, the implicated and the Company's reputation. There may be circumstances during the investigation when it will be necessary to disclose the identity of the whistleblower; for example, legal requirements may demand this. CGM management are to keep those affected by disclosure informed

11. Records

The taking, maintaining, storage of records is an essential element of the Whistleblower Procedure; access to them needs to be restricted.

