

Hotline Reporting Guidelines

The Company does not tolerate fraud, abuse of authority, non-compliance or unethical behavior. *In using the Hotline reporting mechanism, please consider the following guidelines :*

Responsible Reporting

The **Hotline** is an additional reporting and secure venue for employees and stakeholders to pro-actively and responsibly raise valid concerns affecting the Company for proper resolution.

Malicious Reporting

The **Hotline** is **not** intended for false or malicious complaints. While the **Hotline** is intended to protect the Reporter from any unfair treatment resulting from his/her disclosure, abuse or misuse of the Hotline by making petty, false or malicious complaints is not tolerated.

Confidentiality

Reporting of the concern or complaint raised shall be treated with due care and confidentiality. It is essential that the Reporter provide all critical information, details and documentation to enable the Company to effectively evaluate and investigate the matter. In reporting a concern anonymously, there must be adequate information provided for the Company to have an informed judgment as it is difficult to assess the genuineness of an anonymous report without sufficient basis.

Non-Retaliation

The Company strictly prohibits reprisal, intimidation or harassment of any kind against a Reporter who discloses a complaint or concern *in good faith* and based on his/her reasonable belief. The Company shall investigate and address promptly any concern of retaliation and harassment brought to its attention.

Hotline Report Form (Annex A)

The Hotline Report Form is downloadable at the Corporate Governance section of the Company's website : www.semiraramining.com, and upon its completion may be emailed to hotline@semiraraminingmkti.net.

Strictly Confidential

Annex A

HOTLINE REPORT FORM

Report Ref. No./Date

YOUR CONTACT INFORMATION **Required field*

NAME (In Print – First, Middle, Last)	COMPANY
HOME ADDRESS	OFFICE ADDRESS
EMAIL ADDRESS	POSITION
MOBILE NO./HOME NO.	OFFICE NO.
RELATIONSHIP TO THE COMPANY * <input type="checkbox"/> Employee <input type="checkbox"/> Supplier <input type="checkbox"/> Customer <input type="checkbox"/> Other, pls. specify _____	

ISSUE, COMPLAINT or INCIDENT **Required fields*

DESCRIPTION * <i>(Please attach additional sheet & supporting documents if necessary)</i> _____ _____ _____ _____	
PERSON(S) INVOLVED – NAME*, POSITION*, COMPANY* _____ _____ _____	
DATE(S)/TIME OF OCCURRENCE *	PLACE(S) OF OCCURRENCE *
APPROX. AMOUNT INVOLVED ?	FREQUENCY OF OCCURRENCE
YOUR INVOLVEMENT on the issue being reported * <input type="checkbox"/> Personal or direct knowledge <input type="checkbox"/> Others, pls specify _____	

Upon completion, please email to hotline@semiraraminingmkti.net.