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Reviewed by	Pooja Mehendale Mayurakshi Ray
Approved by	Milind Godbole Sudip Nandy
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Reviewed by	Imran Mohammed Aparna Prabhakar
Approved by	CEO- Chinmoy Banerjee

AMENDMENT SHEET & HISTORY OF AMENDMENTS

Sr. no	Date dd-mm-yyyy	Revision Status	Reason for Amendment	Amended By	Reviewed By	Approved By
1.	09-02-2021	V 1.0	Initial Release	NA	NA	NA
2.	07-02-2022	V 1.1	Annual review, no changes	-	-	-
3.	03-01-2023	V 1.2	Annual review, no changes	-	-	-
4.	05-09-2024	V 1.3	Annual review and update of Ombudsman	Manali Mehta & Ritu Agarwal	Neha Palan & Aparna Prabhakar	Milind Godbole
5.	17-11-2025	V 1.4	Annual review completed. RAC (Risk and Audit Committee) name has been changed to AFRC (Audit, Finance & Risk Committee). Realignment CRCO to VP (Risk and Compliance)	Ekta Jain & Vishal Yadav	Imran Mohammed & Aparna Prabhakar	Milind Godbole
6	05-11-2026	V1.5	Annual review completed, policy Approver name changed from Milind Godbole to Chinmoy Banerjee. Final report submission timeline revised from 60 days to 90 days.	Ekta Jain Kaushal & Shriya Mohite	Imran Mohammed & Aparna Prabhakar	Chinmoy Banerjee

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1.0 Purpose

The values of trust and transparency are at the core of GeBBS Healthcare Solutions Pvt. Ltd. (hereinafter referred to as GeBBS or Company). This policy has been created to ensure strict compliance with ethical and legal standards across the company.
The Whistleblower policy has been approved by the Audit, Finance & Risk Committee (AFRC) of the Board of Directors of the Company. The AFRC oversees the vigil mechanism at GeBBS and as prudent practice if any member of the AFRC has a conflict of interest in any given case, they may recuse themselves and the others on the committee can then continue to deal with the matter at hand.

2.0 Objective:

2.1 The Whistleblower Policy ("the Policy") has been formulated with a view to provide a mechanism for various stakeholders of the Company, as defined below, to raise concerns on violations of legal or regulatory requirements, incorrect or misrepresentation of any financial statements and reports, unethical behavior, unfair practices etc.
2.2 To encourage timely, safe, open reporting and rectification of alleged wrongdoings.
2.3 To provide adequate safety for the person reporting the concern.

3.0 Scope

This Policy is applicable globally to all employees of GeBBS (including Board of Directors), agents, vendors, auditors, business partners and associates, contract consultants/ sub-contractors, academic interns and other third parties. Under this policy, the Stakeholders of the Company can make protected disclosures for any wrongdoing or fraudulent activity that comes to their notice. These stakeholders may be internal to the company, such as employees or external, such as service providers and can include any of the following:

- Employees of the Company (contractual, temporary or permanent)
- Employees of agencies contractually deployed for the Company's activities, whether working from any of the Company's offices or any other location
- Contractors, vendors, auditors, suppliers or service providers and agencies (or any of their employees) providing any material or service to the Company
- Clients of the Company
- Any candidates applying for employment (contractual, temporary or permanent)
- Any entities or their employees seeking business opportunities or association with the Company
- Any other person having a business association with the Company

4.0 Definitions

4.1 "Company" refers to GeBBS Healthcare Solutions Pvt. Ltd and all group companies and all locations across the globe.

4.2 "Whistleblower" is someone who makes a complaint or disclosure in good faith under this policy.

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4.3 "Complaint" refers to any report of an incident of unethical, unlawful, unfair, improper, fraudulent practice or incorrect/ misrepresentation of financial statement or violation of the company policies or regulatory requirement, etc. to the Whistle Blower Investigation Committee (as defined below) by a Whistleblower made in good faith would constitute a complaint.

4.4 "Whistleblower Investigation Officers" (WBIO) are the leaders who would conduct the preliminary investigation of the disclosure received from the whistleblower and recommend the case for a detailed investigation to the **"Whistle Blower Investigation Committee" (WBIC)**. WBIO includes the VP - Risk & Compliance, CHRO, CFO, CEO. The preliminary analysis can be conducted by any of these, or a combination of nominated officers designated by these officers.

4.5 "Whistleblower Investigation Committee" or **"Committee" (WBIC)** means a committee constituted to deal with complaints under this policy and who are nominated by the WBIO to conduct a detailed investigation of the disclosure received from the whistleblower and recommend disciplinary action. The Committee is led by the VP - Risk & Compliance and may include a cross-functional team comprising of any of the following: the Director & above Operations, HR team, Infosec team and Compliance team. The investigating team can have all or some of these roles, depending on the nature and location of the disclosure/incident. If a complaint is received against any member of the WBIC, the respondent will be excluded, and the Committee will be constituted from among the other members.

4.6 "Chairperson" means the Chairperson of the WBIC. The VP - Risk & Compliance is the Chairperson of the Committee and in the VP - Risk & Compliance's absence, the CEO will act as the Chairperson. The Chairperson will approve and/or nominate members of the WBIC, maintain communication with the Committee and the Ombudsman during the investigation period and report it to the AFRC and the Board. The Chairperson, along with the VP - Risk & Compliance and WBIO will review and monitor corrective actions initiated to prevent/minimize recurrence of such events.

4.7 "Ombudsman" is the person appointed to independently carry out an investigation of the complaint lodged and form an independent opinion on the action to be taken. The Chairperson of AFRC will be the Ombudsperson for the Company and in his absence, the CEO of the Company.

4.8 "Disciplinary Action" means any action that can be taken during or on the completion of investigative proceedings including but not limited to a warning, imposition of fine, suspension from official duties or any such action as is deemed to be fit considering the gravity of the matter.

5.0 Detailed Procedures

The Whistleblower policy only covers serious concerns that could have a material impact on the reputation, operations, financials or performance of the Company as well as morale of employees. Below procedure is followed:

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5.1 Any complaint received will be reviewed by the WBIO and only on the merit of factors below, will be considered for further detailed investigation under this policy. The factors include:

- Credibility and reputation
- Substantial financial impact
- Non conducive work environment unless it cannot be addressed through HR grievance management
- Involves HR team as respondent
- Clear facts rather than speculations and must contain as much specific information as possible to allow for proper assessment of nature, extent and urgency of preliminary investigative procedures.
- Demonstration of appropriate grounds for raising the concern.

Please note:

- Anonymous complaints will ordinarily not be taken up for investigation unless the complaint has enough details or sufficient evidence that establishes a preliminary case of a violation having or sufficient reason for the complainant to remain anonymous.
- The policy neither releases employees from their duty of confidentiality in the course of their work nor is it a route for taking up grievance about personal situations

5.2 Procedure to Complain/Disclose:

Complaints or disclosures of suspected unethical and improper practices are encouraged to be made in writing to ensure a clear understanding of the matter:

Whistleblower can report complaints either by:

5.2.1 **Email:** Complaints and disclosures can be emailed to 'whistleblower@gebbs.com'. Members of this group ID include the Chairperson - AFRC, CEO, C H R O & VP - Risk & Compliance.

5.2.2 **In person or post:** Complaint / Disclosures can also be sent as letters, sealed in an envelope marked "Whistleblower" and addressed to the WBIO or in case of a complaint against a Grade 1 officer, it can be addressed to the Chairperson of the Committee, viz the VP - Risk & Compliance or CEO. In case the complaint is against the VP - Risk & Compliance, the letter can be addressed to the CEO or the Chairperson – AFRC/Ombudsman. The letter marked 'Whistleblower' can be submitted in person or sent by hand- delivery, courier or post to:

The VP - Risk & Compliance,
GeBBS Healthcare Solutions Limited,
Mindspace, Building No.3, 1st Office Level, Thane – Belapur Road,
Airoli, Navi Mumbai 400 708, India.

5.2.3 Although the whistleblower is not required to provide documentary evidence, they must have appropriate cause for concern that can be established with reasonable scrutiny. He/she should avoid anonymity when raising a concern for the concern to be understood properly and taken with utmost importance. He/she will follow the procedures

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prescribed in this policy for making a disclosure and co-operate with the investigating team, maintaining full confidentiality.

5.2.4 While there is no specific format for submitting a disclosure, the following details must be mentioned:

- Description of the malpractice or complaint, giving the names of those alleged to have committed or about to commit the violation. Specific details such as time and place of occurrence, value (if known), people involved, and other information must be included.
- Name, Address and Contact details of the Whistleblower (including ECN, if the Whistleblower is an employee) – preferred.

5.3 Procedure of Investigation

All Complaints received by the Ombudsman/ VP - Risk & Compliance /Committee will be categorized into two broad categories:

1. Complaints against "CEO" / CFO /CHRO/ VP - Risk & Compliance / COO/CSO/CISO VPs hereinafter referred as "Grade 1" officers
2. Complaints against others

5.3.1 Complaints against "Grade 1" officers will be taken up for investigation within 24 hours of receipt of the complaint. In case the offence is proven from the investigation, appropriate action will be decided directly by the VP - Risk & Compliance in consultation with the CEO (unless a conflict of interest appears) or the Ombudsman/ Chairperson of AFRC. Such complaints can be directly addressed to the VP - Risk & Compliance or CEO, and in case of complaints against the CEO or VP - Risk & Compliance, to the Ombudsman/Chairperson of AFRC.

5.3.2 For complaints received against employees other than "Grade 1" level officers, the Ombudsperson/ WBIO will carry out preliminary investigation and based on the findings, will entrust the case to the Committee for detailed investigation.

5.3.3 The investigation may involve study of documents and interviews with various individuals. Any person required to provide documents, access to systems and other information by the WBIO or WBIC for the purpose of such investigation shall do so. The WBIO or WBIC will be provided with full co- operation in the conduct of the investigation and shall have individuals available for such interview at reasonable times.

5.3.4 If the reported complaint constitutes a criminal offence, the WBIO will bring it to the notice of the CEO /AFRC and take appropriate action to reach out to a law firm and then register a police complaint (as required/suggested by the legal firm).

5.3.5 The WBIC shall conduct such investigations in a timely manner and shall submit a written report containing the findings and recommendations to the WBIO as soon as possible. The final report should be submitted no later than 90 days from the date of receipt of the complaint, unless the Chairperson of the Committee/Ombudsman decides on a

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different timeline. The WBIO, Chairperson of the Committee or Ombudsman, may allow additional time for submission of the report based on the circumstances of the case.

5.3.6 Whilst it may be difficult for the WBIO to keep Whistleblower regularly updated on the progress of the investigations, he/she will keep Whistleblower informed of the result of the investigations and its recommendations subject to any obligations of confidentiality.

5.3.7 The Chairperson of the Committee along with the CEO, Ombudsman and A F RC will take a decision on the action to be taken on the recommendations of the WBIC and keep the Whistleblower informed of the same. Though no timeframe is being specified for such action, the Company endeavors to act as quickly as possible in cases of proven malpractice.

5.3.8 The process shall be deemed as closed upon conclusion of the inquiry, disciplinary action, recovery proceedings and conclusion of external legal proceeding if required.

5.3.9 The status of all cases which are under investigation shall be reported to the AFRC by the VP - Risk & Compliance on a quarterly basis. Concerns which were closed during the preceding quarter shall also be informed to the A F RC along with relevant details.

6.0 Corrective Action

If the WBIC determines that an unethical and improper practice has occurred, it will take the following actions as deemed fit to correct it:

6.1 Any person(s) found guilty of violation of the Company's policies and Code of Conduct or engaged in any unlawful, fraudulent activities will be subject to disciplinary action up to and including termination of employment. Actions may include:

1. Counselling or verbal warning
2. Written warning and a copy of it maintained in the employee's file
3. Change of work assignment/transfer with or without monetary impact
4. Suspension or termination of services
5. Legal action
6. Complaint with the appropriate authority in case the violation amounts to a specific offence under the law

6.2 During the investigation period or at any time thereafter, if any employee is found to be:

(a) retaliating against the Whistleblower
(b) coaching or tempering witnesses
(c) tampering with evidence,
(d) Causing delays/ hindrances in the investigation proceedings
then it would lead to severe disciplinary action including termination of employment.

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7.0 Whistleblower Protection

The Company will protect whistleblowers against retaliation, as described below:

7.1 The Company will keep Whistleblower's identity confidential, unless

(a) the person agrees to be identified

(b) Identification is necessary to allow the Company or law enforcement officials to investigate or respond effectively to the report

(c) Identification is required by law (or)

(d) The person accused of Compliance violations is entitled to the information as a matter of legal right in disciplinary proceedings.

7.2 The Company prohibits retaliation in any form or manner against a Whistleblower and may include, if applicable, the intent of adversely affecting the terms or conditions of employment (including but not limited to, threats of physical harm, loss of job, punitive work assignments, hostile work environment or impact on salary or wages).

7.3 Whistleblowers who believe that they have been retaliated against may file a written Complaint with the WBIC.

7.4 A proven complaint of retaliation shall result in severe disciplinary action including termination of employment against the retaliating person.

7.5 This protection from retaliation is not intended to prohibit managers or supervisors from acting, including disciplinary action, in the usual scope of their duties and based on valid performance or harassment or other non- compliance related factors.

8.0 Disqualification

In case the Committee, reaches a conclusion that the Complaint has been made with mala fide intentions and is a false accusation or is an abuse of process or the complaints are repeatedly frivolous, then the Committee may recommend that appropriate action be taken against the person making the disclosure including reprimand. At the same time, in cases where some disclosures have been made in good faith but from preliminary analysis it is inferred that further investigation or action is not required, no action would be initiated against the Whistleblower.

It is also clarified that this forum should not be used as a grievance redressal mechanism.

9.0 Documentation and Reporting

9.1 The WBIC will document the investigation process including minutes of the interviews conducted, the record of evidence reviewed, the deliberations, the decision points, the outcome and the final report with the actions taken.

9.2 All reports and records associated with 'Complaints/Disclosures' are considered confidential information, and access will be restricted to the VP - Risk & Compliance office. All documentation pertaining to each complaint will be maintained by the Committee for a period of not less than 8 years from the date of disposal of the Complaint or as required by law.

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9.3 A quarterly status report on the total number of complaints received during the period, with a summary of the findings of the WBIC and the corrective actions taken, based on the recommendation of the AFRC Chairperson, will be sent to the Board of Directors of the Company.

Communication & Training

9.4 The Policy will be communicated to all employees periodically.

10. Amendments

The Company is entitled to amend, suspend or rescind this policy at any time. Whilst the Company has made its best efforts to define procedures for implementation of this policy, there may be occasions when certain matters are not addressed or there may be ambiguity in the procedures. Such difficulties or ambiguities will be resolved in line with the broad intent of the policy. The Company may also establish further rules and procedures, from time to time, to give effect to the intent of this policy and further the objective of good corporate governance.

Internal