C&G SYSTEMS INC. Compliance hotline form

1.	Date	Date: (　　) Month: (　) Year: (　)
2.	Your real name	(　　) (　) Name withheld by request *Please note that you cannot obtain feedback of the investigated result unless you inform us your real name.
3.	About your company	Company name (　　) Division that you belong to (　　) *Please check below appropriate item. (　) Our group's employees (　) A member of the family of our group's employees (　) Members of our vendors (　) Other If you check "Other", please write details in below area. (　　)
4.	Contents you would like to inform	- A name and affiliations of a person who did, or going to do illegal acts (　　)
		- Details of illegal acts (When, Where, Who, Whom/What, Why, How)
		- A background you know the illegal acts
		- Other comment that you would like to inform
5.	The way to inform *Please select the one of 3 methods as you like.	Telephone (Number:　　) Mail (Address:　　) E-mail (Address:　　) Other

Thank you for your information.

C&G SYSTEMS INC.