**Whistleblower Report**

To implement our company's honest service philosophy and sustainable development, anyone who discovers criminal activities, fraud, or violations of laws by directors, supervisors, employees, appointees, or persons with substantial control power of our company and its subsidiaries, including internal and related external units and personnel, may file a report to this whistleblowing mailbox. However, the content of the report should comply with the following:

1. The whistleblower should specifically provide facts and relevant evidence or leads regarding criminal activities, fraud, or violations of laws.
2. The following matters, as determined by our company, are not within the scope of this whistleblowing mailbox:
   1. Issues for which our company has already established specific grievance or handling procedures.
   2. Private disputes arising from social activities, family, or relative relationships.
   3. Matters unrelated to the business of our company or our company's subsidiaries.

**I hereby report the following incident that I am aware of:**

1. Name of the reported person (or other information sufficient to identify the reported person's identity):
2. Reason for the Report*:*
3. Supporting Evidence*):*
4. Request for Recusal
5. Personnel requested to be recused:
6. Reasons and specific evidence for the recusal request:

**[Declaration and Consent Items]**

1. I declare that the reporting information stated above in this document and the personal data I have provided are true and accurate.
2. I agree that your company may collect, process and use the personal data I have provided for the purpose of investigating this reported incident.

**To: Great China Metal Industry Co., Ltd.**

Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant's Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_