JUMP+

JUMP+ Plan

THE
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The Klinique Medical Clinic Public Company Limited

(KLINIQ)

Year 2026 - 2028

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and disseminated on 10/03/2026

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Table of Contents

JUMP⁺

The Klinique Medical Clinic Public Company Limited

sSET	CG Report : -
Services / Health Care Services	SET ESG Ratings: -
	Anti-Corruption Certification (CAC): -

Business Type

Aesthetics, Plastic Surgery, and Wellness Center

Financial Statement

Year	2025	2024	2023	2022
Income Statement (MB)				
Revenues	3,580.03	3,008.95	2,318.35	1,647.20
Expenses	3,092.64	2,594.13	1,953.02	1,390.34
Net Profit	363.70	322.19	288.62	205.49
Balance Sheet (MB)				
Assets	3,339.26	3,118.14	2,845.63	2,590.25
Liabilities	1,557.96	1,401.21	1,142.82	944.50
Shareholders' Equity	1,773.38	1,716.93	1,702.81	1,645.75
Cash Flow (MB)				
Operating	660.77	551.98	385.92	407.96
Investing	-157.61	15.79	-421.37	-1,226.44
Financing	-436.36	-428.39	-320.51	1,207.02
Financial Ratio				
EPS (Baht)	1.65	1.46	1.31	1.21
GP Margin (%)	50.51	51.71	54.05	56.31
NP Margin (%)	10.17	10.71	12.45	12.48
D/E Ratio (Times)	0.87	0.82	0.67	0.57
ROE (%)	20.84	18.84	17.24	22.75
ROA (%)	15.10	13.91	13.44	15.04

JUMP+ Plan

Business Plan

Target in 2028

Net Profit	**666.00** Million Baht

Strategic Plan	Growth	Profitability & Efficiency	Stability
1. KLINIQ 2569–2571 Quality Growth & Value Enhancement Plan	✅		

Governance Plan

1. Enhancing anti-corruption and fraud prevention efforts
2. Enhancing whistleblowing mechanisms
3. Enhancing governance of information security

Climate Action Plan

1. Greenhouse gas inventory (GHG) plan

Section 1

Business Plan

Section 1 Business Plan

Target in 2028

Topic	YE/2022	YE/2023	YE/2024	Target in 2028
Net Profit (Million Baht)	205.49	288.62	322.19	**666.00**

Target for 2571: The Company aims to achieve Net Profit of THB 666 million by strengthening the quality of growth through reinforcing the core aesthetics and longevity business (TKQC), upgrading surgical services into a structured hospital-based model (TKQH) to expand capability and medical standards, and improving profitability through disciplined SG&A management and operational efficiency. The plan also includes expanding the international customer base through the International Customer Growth Program, targeting an international customer mix of 20% by 2571. Progress will be monitored through key financial and operational KPIs, together with systematic risk management throughout 2569–2571.

Growth plan/Increase business value

Strategic Plan: KLINIQ 2569–2571 Quality Growth & Value Enhancement Plan

The KLINIQ 2569–2571 Quality Growth and Value Enhancement Plan aims to drive the Companys growth in a strong and sustainable manner through four strategic initiatives, as follows:

1. Strengthen the core business (TKQC) in aesthetics and longevity through same-store productivity improvement, customer-base management, and a higher mix of margin-accretive services and procedures.

2. Upgrade surgical services into a hospital-based model (TKQH) to support a structured scale-up in service capacity and the enhancement of medical standards.

3. Enable growth through CRM and disciplined SG&A management (CRM & SG&A Discipline) to improve customer acquisition and retention, while continuously enhancing productivity across branches and medical teams.

4. Expand the international customer base at the Company level through the International Customer Growth Program, with the goal of increasing the international customer mix to 20% by 2571.
   Progress will be monitored through key KPIs covering revenue and growth, supported by operational performance indicators and systematic risk management, to ensure delivery of the business plan throughout 2569–2571.

This plan will promote and develop the organization in the following dimensions

- Growth

Targets

Corporate Financial Targets

Topic	Latest data		Targets		
	YE/2024	YE/2025	2026	2027	2028
Revenue From Operations (MILLION BAHT)	2,983.16	3,556.41	4150	4800	5700

Strategic Initiative

Strategic Initiative	Year	Expected Outcomes
(BU:TKQH) Hospital-based Surgery Transformation and Capacity Scale-up	2026	• Prepare for the expansion into a full hospital-based platform by defining service scope and operating standards, and establishing a relocation and service continuity plan. (Trackable through: project milestones, readiness checklists, relocation/launch plan, progress reporting.)oversight framework.)
	2027	• Commence operations in the expanded facility and optimize workflows to accommodate higher patient volume, with effective capacity and utilization management. (Trackable through: capacity plan, OR utilization, waiting time, schedule fill rate, service quality KPIs.)
	2028	• Achieve full-year operations and scale TKQH as a hospital platform for sustainable surgical growth, delivering incremental revenue and profit in line with the plan. (Trackable through: TKQH revenue/profit contribution, revenue share, case volume and utilization trends, quality and governance reporting.)
(BU: TKQC) Same-store Productivity and High-margin Service Mix Uplift	2026	• Implement a branch-level performance management system to improve same-store productivity, supported by standardized service/procedure scheduling and capacity planning. (Trackable through: branch performance dashboard, productivity KPIs, schedule utilization reports, standardized operating guidelines.)
		• Develop high-margin service bundles and sales playbooks to increase the mix of margin-accretive services and procedures. (Trackable through: approved service packages and pricing/mix guidelines, sales scripts/playbooks, service mix and margin trend reports.)
	2027	• Scale performance and service-mix standards across the network to drive consistent same-store revenue growth. (Trackable through: network-wide KPI governance cadence, same-store growth reporting, branch compliance/audit against standards, service mix trends by brand/branch.)
		• Optimize front-to-back operations to support higher customer volume with improved throughput and service efficiency. (Trackable through: process maps and SOP updates, cycle time/throughput indicators, waiting time and service lead-time reports, customer feedback/complaint trends.)
	2028	• Position TKQC as a high-quality growth engine with sustained productivity gains and an improved high-margin service mix.

Strategic Initiative	Year	Expected Outcomes
		(Trackable through: sustained productivity and same-store growth trends, service mix and margin improvement reports, branch performance distribution.)
		• Improve overall Company performance through margin uplift and operational execution excellence across TKQC operations. (Trackable through: gross margin/EBITDA contribution trends from TKQC, operating efficiency indicators, continuous improvement and audit outcomes.)
CRM Acceleration and SG&A Discipline to Enable Scalable Growth	2026	• Enhance CRM capability and reporting dashboards to improve conversion and retention, and increase repeat visits through targeted customer journeys. (Trackable through: CRM dashboards, conversion/retention metrics, repeat visit indicators, campaign performance reports and segmentation coverage.)
		• Establish an SG&A governance framework aligned with growth with clear effectiveness tracking and spending controls. (Trackable through: SG&A governance cadence, budget vs. actual reporting, spend effectiveness scorecards, approval matrix and policy documentation.)
	2027	• Scale data-driven CRM campaigns to improve conversion and increase customer lifetime value through personalization and lifecycle management. (Trackable through: campaign uplift reports, cohort-based retention analysis, CLV proxies, cross-sell/upsell indicators, referral metrics.)
		• Improve cost efficiency and operating workflows to support business expansion without disproportionate cost increases. (Trackable through: SG&A ratio trend, process efficiency indicators, productivity metrics, procurement/operating cost optimization reports.)
	2028	• Create and institutionalize a scalable growth mechanism, building on a strong customer base and continuously improving spending effectiveness. (Trackable through: sustained conversion/retention/repeat trends, marketing efficiency indicators, CRM maturity level, and governance review outcomes.)
		• Support the business plans revenue and profit targets through clear cost discipline and measurable productivity improvements. (Trackable through: alignment to plan targets, margin/EBITDA contribution trends, SG&A ratio trajectory, enterprise productivity reporting.)
International Customer Growth Program to Achieve 20% International Customer Mix by 2571	2026	• Establish an international customer data structure in CRM (e.g., language preference, nationality, source channels, service interests) and deploy dashboards to track the lead–conversion–repeat funnel for international segments. (Trackable through: international CRM dashboards, data completeness, lead source and funnel conversion reporting.)

Strategic Initiative	Year	Expected Outcomes
		• Define priority acquisition channels and partnerships for international customers (e.g., expat communities, hotel/concierge networks, travel/medical facilitators) and launch pilot campaigns. (Trackable through: partner list/agreements, pilot campaign performance reports, international leads by channel.)
	2027	• Scale data-driven campaigns and partnerships to improve international conversion and value per customer, supported by a standardized international customer journey (language support, appointment flow, follow-up). (Trackable through: international conversion metrics, value-per-customer proxies, experience/complaint indicators, channel performance ranking.)
		• Improve marketing spend effectiveness for international segments by systematically tracking cost per lead/appointment and campaign ROI. (Trackable through: marketing efficiency indicators, budget vs. outcome by campaign/channel, governance review outputs.)
	2028	• Institutionalize a repeatable international growth mechanism and increase the international customer mix to 20% of total customers. (Trackable through: International Customer Mix (%), sustained international conversion/retention/repeat trends, CRM maturity assessments, and governance review outcomes.)
		• Sustain high-quality international growth with consistent service standards and reputation/quality risk management. (Trackable through: service quality indicators, complaint trend, QA/audit reports.)

Risk Management

Risk 1

Market Demand & Competition Risk

Risk Characteristic

Market conditions, consumer behavior, and competitive intensity in the aesthetics, surgery, and wellness sectors may shift due to macroeconomic factors, purchasing power, service trends, competitors marketing actions, and channel dynamics. As a result, growth of certain services or channels may fall below plan assumptions in some periods if early-warning signals are not monitored and strategies are not adjusted in a timely manner.

Risk Impact

May affect the pace of revenue growth and profitability versus plan targets, including marketing effectiveness, channel expansion outcomes, and service mix management, potentially impacting the achievement of the Companys financial objectives.

Risk Management Measures

1. Monitor early-warning indicators monthly through key KPIs (e.g., conversion/retention/repeat, service mix, channel performance) and competitive movements.
2. Continuously optimize marketing strategies and value propositions by segment/channel using CRM insights and campaign results to improve lead quality and communication effectiveness.
3. Strengthen strategic partnerships (e.g., relevant communities, organizations, networks) to diversify customer acquisition channels and reduce dependency on any single channel.

4. Conduct competitive benchmarking and social listening to refine pricing, packages, messaging, and service launch plans in line with market trends.

5. Implement contingency actions such as reallocating spend to higher-performing channels, optimizing service scheduling, and accelerating repeat-visit initiatives to maintain performance versus targets.

Risk 2

Hospital Scale-up and Relocation Execution Risk

Risk Characteristic

The Company currently operates a surgery center that meets hospital-grade standards and plans to scale into a full hospital-based platform by relocating to a larger facility to accommodate higher patient volume. This expansion requires end-to-end readiness across facility/infrastructure, operating processes, team structure and staffing, scheduling, system integration, and cross-functional coordination. If relocation, go-live, or post-launch ramp-up deviates from plan, service continuity may be affected and capacity/ utilization may fall below target, with potential impact on service quality during the transition period.

Risk Impact

May delay or reduce the effectiveness of the scale-up to a full hospital platform, leading to lower-than-plan revenue and profit contribution from TKQH, higher unit costs due to suboptimal resource utilization, and potential impact on patient experience and confidence in service standards during the transition.

Risk Management Measures

1. Establish a relocation and full-hospital scale-up roadmap with clear milestones and owners, covering facility/system/team/ standards readiness, with monthly progress reviews.

2. Implement a service continuity plan to manage the transition period, minimize patient impact, and ensure clear appointment, handover, and follow-up processes.

3. Define TKQH operational and quality KPIs (e.g., case volume, OR utilization, waiting time, schedule fill rate, quality/adverse event indicators) and review performance on a regular cadence.

4. Strengthen staffing readiness and scheduling management (surgeons, nursing, support teams), including contingency plans for peak demand and OR/scheduling bottlenecks.

5. Enhance clinical standards and quality governance (SOPs/clinical pathways/quality reviews) supported by internal audits and post go-live reviews to drive rapid improvements.

6. Manage change and communications internally and with patients/partners to ensure a smooth relocation and go-live at the new facility.

Section 2

Governance Plan

Section 2 Governance Plan

Accountability and Transparency Governance

Enhancing anti-corruption and fraud prevention efforts

The Company is committed to conducting business with the highest standards of ethics and corporate governance. It will strengthen its anti-bribery and anti-corruption program as an organization-wide integrity assurance framework, covering key end-to-end processesincluding procurement of medical supplies and equipment, licensing and permits, contracting, sales activities, gifts and hospitality, and service deliveryto ensure operations are transparent, auditable, and free from conflicts of interest or improper influence.

This strategic plan is designed to reinforce stakeholder confidence through clear governance, defined accountability, and consistent reporting. The program will be embedded into day-to-day operations, supported by targeted communication and training, systematic monitoring and evaluation, and continuous improvement in line with the PDCA (Plan–Do–Check–Act) cycle. The objective is to institutionalize a Culture of Integrity across all levels of the organization as a core element of business as usual.

System Objectives

1. **Prevent:** Strengthen internal controls within high-risk processes to reduce exposure to bribery and corruption risks.
2. **Detect:** Enhance the effectiveness of reporting channels and enable timely identification of irregularities and potential misconduct.
3. **Respond:** Ensure investigations and disciplinary actions are conducted fairly, consistently, and in a manner that is transparent and auditable.
4. **Embed:** Build organization-wide awareness and consistent standards of ethical conduct to sustain integrity over the long term.

Targets

Topic	Current Status	Targets		
		2026	2027	2028
The company has established an anti-corruption policy and practices.	Not Started	In Progress	In Progress	Success
• An anti-corruption and anti-bribery policy has been developed to comprehensively cover the organization's business operations,formally approved by the Board of Directors,and supported by clear and practical implementation guidelines	Not Started	In Progress	Success	Success
• The company conducts regular monitoring and evaluation of compliance with its anti-corruption and anti-bribery policy and procedures. Audit results are reported by internal auditors to the Board of Directors at least annually. In the event of any violations,corrective actions and preventive measures are clearly defined to prevent recurrence	Not Started	In Progress	Success	Success
• The company conducts an annual review of its anti-corruption and anti-bribery policy and practices with the Board of Directors	Not Started	In Progress	In Progress	Success

Topic	Current Status	Targets		
		2026	**2027**	**2028**
Achieve CAC certification from the Thai Institute of Directors (Thai IOD)	Not Started	Signatory	In the process of applying for certification.	Certified
Implement and verify that all critical Tier 1 business partners have anti-corruption policies,and ensure that the company actively monitors and assesses business partners adherence to these policies	-	In Progress	In Progress	Success

Strategic Initiative

Strategic Initiative	Year	Expected Outcomes
Develop and implement an Anti-Corruption and Anti-Bribery Policy and related procedures covering the organizations core business activities, with clearly defined policy owners, governance oversight, and reporting mechanisms.	2026	• Issue and roll out the policy/procedures covering core activities; define policy owners and responsibilities; establish governance structure and reporting channels, including approval workflow and document control.
	2027	• Integrate the policy and procedures into relevant operational workflows (e.g., procurement, sales, gifts & hospitality, contracting) and maintain documented evidence of stakeholder communication, training, and acknowledgment.
	2028	• Review and update the policy/procedures to align with recognized good practices and applicable requirements; evaluate effectiveness and drive continuous improvement through the PDCA (Plan–Do–Check–Act) cycle.
Conduct an annual review and update of the organizations Anti-Corruption and Anti-Bribery Policy and related procedures at least once per year (and whenever relevant legal, regulatory, or best-practice requirements change).	2026	• Establish a formal review framework (cycle, scope, and responsibilities), evaluation criteria, and approval workflow; implement document control and maintain a revision log to record all updates.
	2027	• Execute the scheduled review, consolidate improvement actions and corrective plans, and communicate updates to relevant stakeholders; maintain documented evidence of communication and acknowledgment in a systematic manner.
	2028	• Continue periodic reviews and evaluate post-implementation effectiveness (e.g., audit findings, incident/complaint trends, training results); capture lessons learned and strengthen governance mechanisms to support continuous improvement through the PDCA (Plan–Do–Check–Act) cycle.
Establish a systematic monitoring and evaluation process for compliance with the organizations Anti-Corruption and Anti-Bribery policy and procedures, and report performance to relevant committees/oversight bodies according to a defined reporting cycle.	2026	• Develop a Monitoring & Reporting Framework, including defined KPIs, reporting frequency, responsible functions/owners, and standardized reporting templates and channels.
	2027	• Conduct compliance performance assessment as planned; consolidate findings and report to relevant committees/ oversight bodies; implement corrective and improvement actions, including action plans and action closure tracking, with progress follow-up.
	2028	• Perform post-improvement follow-up and evaluate the

Strategic Initiative	Year	Expected Outcomes
		effectiveness of implemented measures; provide regular progress and performance updates according to the established reporting cycle to strengthen and sustain continuous improvement.
Achieve and strengthen Anti-Corruption certification in alignment with the CAC (Thai IOD) framework through a structured, organization-wide implementation approach.	2026	• Publish the organizations commitment statement and develop a readiness plan (timeline, owners, and key workstreams); prepare and organize required policies, procedures, and supporting evidence/documentation.
	2027	• Submit the CAC application and undergo the assessment process; provide complete supporting evidence and address assessment findings through corrective actions and closure of identified gaps.
	2028	• Maintain the certification status and continuously ensure ongoing compliance with CAC requirements; strengthen controls and improve related processes to sustain effectiveness over time.
Strengthen governance of Critical Tier 1 suppliers by establishing clear ethical and anti-corruption requirements, and implementing a systematic process to monitor and evaluate compliance.	2026	• Define and compile the Critical Tier 1 supplier list; set minimum requirements on ethics and anti-corruption for suppliers; establish a communication plan and a formal acknowledgment/acceptance process.
	2027	• Communicate the requirements and systematically collect evidence of supplier acknowledgment/acceptance; support suppliers in achieving alignment with the requirements (e.g., guidance, improvement plans, and follow-up).
	2028	• Conduct periodic supplier compliance assessments (supplier assessment) and use the results to strengthen risk management, define follow-up measures, and drive continuous improvement.

Risk Management

Risk 1

Policy & Governance Alignment)

Risk Characteristic

Implementation guidelines, designated owners (accountable persons/functions), and the monitoring/reporting cycle may differ across departments and/or branches depending on operational context and responsibilities.

Risk Impact

Monitoring and reporting may be inconsistent, which could reduce the effectiveness of plan execution and overall performance outcomes.

Risk Management Measures

1. Review and update the policies and procedures to establish a single, consistent standard across the organization.
2. Define a clear RACI and a reporting cadence to the relevant committees, and communicate the guidelines and expectations explicitly.

Risk 2

Awareness & Acknowledgement Coverage

Risk Characteristic

Communication/training and the retention of documented evidence of policy acknowledgment may not yet fully cover all target groups (e.g., new hires, branch employees, and critical suppliers).

Risk Impact

Understanding and implementation may vary across teams, increasing compliance risk and the likelihood of inconsistent adherence to requirements.

Risk Management Measures

1. Develop an annual communication and training plan tailored to each target audience group.
2. Establish an Acknowledgement Record system to log and track evidence of policy acknowledgment, and provide summary reports on a defined reporting cycle.

Risk 3

Whistleblowing & Incident Management Effectiveness

Risk Characteristic

The processes for case intake, assessment, review, and closure—as well as whistleblower protection—may need clearer, more standardized procedures, including robust documentation and evidence retention.

Risk Impact

Confidence in the system may decline, and incident handling may be delayed or incomplete, undermining effective oversight and governance.

Risk Management Measures

1. Enhance the whistleblowing channels and strengthen the whistleblower protection guidelines.
2. Develop a standardized SOP and Case Log, and define criteria for case statistics, trend analysis, and periodic summary reporting to the relevant committees.

Risk 4

Third-party & Supplier Compliance

Risk Characteristic

Extending anti-corruption requirements to critical suppliers—and monitoring/evaluating compliance—may not yet be consistently implemented under a single, systematic approach, particularly for high-risk suppliers.

Risk Impact

Reputational and third-party compliance risks may increase, potentially undermining stakeholder confidence and trust.

Risk Management Measures

1. Define minimum requirements, contract clauses, and a formal compliance attestation process for critical suppliers.
2. Implement a risk-based assessment and monitoring approach, with periodic summary reporting and corrective improvement plans.

Enhancing whistleblowing mechanisms

The Company is committed to conducting its business with integrity, transparency, and the highest standards of corporate governance. It will strengthen its whistleblowing and misconduct management system as a robust and sustainable proactive governance mechanism to effectively support the prevention, detection, and response to risks related to corruption, misconduct, and non-compliance with applicable laws and internal policies.

This plan aims to build an **Ecosystem of Trust** that enables employees and stakeholders to raise concerns confidently and safely (Speak Up). The Company places strong emphasis on confidentiality, whistleblower protection, and non-retaliation, supported by a standardized, auditable case management process covering intake, triage, investigation, conclusion, and case closure, with reporting to relevant committees in line with the defined governance cycle.

The Company will embed this system into day-to-day operations across the organization, supported by communication and training, monitoring and evaluation, and continuous improvement through the PDCA (Plan–Do–Check–Act) cycle. This will elevate the approach from policy to culture, embedding a Culture of Integrity as business-as-usual (BAU) and strengthening long-term enterprise risk management.

Targets

Topic	Current Status	Targets		
		2026	2027	2028
The company has established a whistleblowing policy and procedures for reporting misconduct.	Not Started	In Progress	Success	Success
• The company has established a formal,written whistleblowing policy and procedures,which have been approved by the Board of Directors	Not Started	Success	Success	Success
• Appointment of an impartial recipient for whistleblowing reports.	Not Started	Success	Success	Success
• All complaints are thoroughly investigated,and outcomes are reported to the Board in a timely manner,with appropriate corrective and preventive actions in cases of confirmed misconduct to avoid recurrence.	Not Started	Success	Success	Success
• The whistleblowing policy and procedures reviewed by the Board of Directors at least annually.	Not Started	In Progress	Success	Success
Reduce the complaint resolution time.	-	In Progress	Success	Success

Strategic Initiative

Strategic Initiative	Year	Expected Outcomes
Develop and strengthen a trusted and accessible whistleblowing/ grievance channel, supported by clear whistleblower protection measures and a standardized end-to-end case management process.	2026	• Review and/or establish the whistleblowing policy and procedures; define primary reporting channels (e.g., website, email, hotline/mailbox) and whistleblower protection requirements, including documentation and evidence retention standards.

Strategic Initiative	Year	Expected Outcomes
	2027	• Fully launch the system and communicate it to all target groups; provide user guidance/FAQs to ensure consistent understanding and usage; implement a Case Log for tracking and follow-up.
	2028	• Embed the process as business-as-usual (BAU); strengthen the feedback loop and provide periodic committee-level summary reporting (statistics and trends); continuously review and improve overall system effectiveness.
Strengthen governance and committee-level reporting by establishing clear accountability and structured reporting practices for effective oversight.	2026	• Define the Owner/RACI and the reporting cadence; develop standardized summary reporting formats (e.g., dashboard/summary).
	2027	• Provide periodic consolidated and trend-based reporting to relevant committees; conduct system-level reviews and present key observations and recommendations.
	2028	• Enhance trend and thematic reporting (trends & themes) to support proactive prevention and embed reporting into the organizations broader risk management framework.
Establish an organization-wide standard for case management and turnaround time (SLA) to ensure the intake–screening–review–closure process is timely, transparent, and auditable.	2026	• Design an end-to-end workflow covering case intake, screening, review/verification, resolution, and closure; define initial SLAs, accountable roles, and key control points, including documentation and evidence retention requirements.
	2027	• Implement the SLAs in operations and systematically track progress; report SLA performance and refine SLAs and procedures to fit different case types and operational contexts.
	2028	• Enhance case management effectiveness and quality (e.g., SLA closure rate, completeness of records/evidence) and drive continuous process improvement through the PDCA (Plan–Do–Check–Act) cycle.
Strengthen whistleblower protection and the non-retaliation framework by ensuring confidentiality, clear safeguards, and a trusted environment for safe reporting.	2026	• Define and formalize whistleblower protection principles, confidentiality requirements, and non-retaliation measures (including handling of retaliation allegations); communicate the guidelines broadly to relevant stakeholders.
	2027	• Implement post-case monitoring for whistleblowers over a defined period and establish escalation and investigation procedures for suspected retaliation; clearly communicate rights and support channels available to whistleblowers.
	2028	• Embed the program into a sustainable speak-up culture, encouraging safe and responsible reporting; continuously review and enhance protection measures to align with recognized good practices.
Strengthen investigation capability and evidence management standards through an organization-wide, consistent approach to ensure investigations are fair, auditable, and supported by complete documentation.	2026	• Develop an investigation manual and minimum standards, defining roles, procedures, and clear guidance on evidence handling, document control, and evidence retention.
	2027	• Create investigation playbooks and standardized templates (e.g., fact-finding notes, interview records, investigation report format); establish quality review requirements and conduct oversight-level reviews for significant cases as appropriate.

Strategic Initiative	Year	Expected Outcomes
	2028	• Drive continuous improvement by capturing lessons learned from cases to enhance preventive measures and continuously refine investigation processes, tools, and overall effectiveness.

Risk Management

Risk 1

Trusted Channel & Protection

Risk Characteristic

Reporting channels, confidentiality arrangements, and whistleblower protection measures may not yet be communicated widely or be sufficiently user-friendly, which can reduce reporter confidence and willingness to speak up.

Risk Impact

Fewer significant incidents may be reported through the system, which can undermine stakeholder confidence and weaken proactive prevention efforts.

Risk Management Measures

1. Establish and enforce confidentiality and non-retaliation requirements (confidentiality & anti-retaliation).
2. Provide multiple reporting channels, including anonymous reporting options where applicable.
3. Communicate clear guidelines and FAQs, and maintain documented evidence of acknowledgment.
4. Restrict access to case information through defined access controls and need-to-know principles.

Risk 2

Case Handling SLA & Effectiveness.

Risk Characteristic

The workflow/SLA and escalation criteria may not yet be appropriately aligned with case types and severity levels, which can delay follow-up actions and prevent timely case closure within the defined timeline.

Risk Impact

Cases may be delayed or backlogged, which can disrupt the continuity of oversight and governance and increase reputational risk and stakeholder concerns.

Risk Management Measures

1. Establish a standardized workflow with clear triage and severity classification criteria.
2. Set case-type and severity-based SLAs and define explicit escalation rules and procedures.
3. Use a centralized Case Log to track case progress, action closure, and provide periodic updates in line with the reporting cycle.
4. Review performance and continuously improve the process through the PDCA (Plan–Do–Check–Act) cycle.

Risk 3

Investigation & Evidence Standard

Risk Characteristic

Investigation practices, evidence handling, and documentation of outcomes may vary across departments, resulting in inconsistent evidentiary standards and uneven case records.

Risk Impact

Traceability may be difficult and complex, and case conclusions may lack clarity, undermining the credibility and transparency of the overall process.

Risk Management Measures

1. Develop an investigation playbook and define a standardized minimum evidence set.
2. Assign clear Owner/Reviewer roles and enforce need-to-know access principles.
3. Train relevant personnel and conduct periodic sample reviews to assess quality and consistency.
4. Report significant cases and key themes to the relevant committees as appropriate and in line with the governance cycle.

Risk 4

Governance, Reporting & Prevention Use

Risk Characteristic

Case information may be reported primarily on an incident-by-incident basis, without sufficient analysis of trends and root causes, limiting the organizations ability to implement systemic preventive measures and drive continuous improvement.

Risk Impact

Opportunities to reduce repeat incidents and strengthen preventive controls may be diminished, limiting oversight visibility into the full picture and broader systemic issues.

Risk Management Measures

1. Develop a quarterly/semi-annual dashboard summarizing trends, key themes, corrective actions, and systemic recommendations.
2. Link performance insights to the organizations risk management and internal control framework to strengthen oversight and preventive planning.
3. Define clear preventive actions with assigned owners and timelines, and track progress systematically.
4. Review the effectiveness of implemented measures and communicate improvement outcomes at an appropriate level to reinforce consistent understanding and implementation.

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Governance of Risk and Management Compliance

Enhancing governance of information security

The Groups operations rely significantly on information systems and data across core areas of service delivery, customer experience management, and multi-branch coordination. As a result, safeguarding information security and ensuring system availability in line with the Confidentiality–Integrity–Availability (CIA) principles are critical to business continuity, service quality, and stakeholder trust. Accordingly, the Group is strengthening its information security governance through a structured, organization-wide framework. This includes establishing policies and accountability structures (Owner/RACI), risk management and control measures, access management and change management, vendor/service provider governance, and incident preparedness and response (Incident Response). These measures aim to prevent, mitigate, and manage cyber threats, data leakage, and system disruptions effectively. The plan will be embedded into day-to-day operations (BAU) across all functions, supported by clear KPIs and reporting cycles to enable ongoing performance monitoring. Continuous improvement will be driven through the PDCA cycle to ensure controls remain consistent, auditable, and fit-for-purposesupporting resilient and sustainable business growth.

Targets

Topic	Current Status	Targets		
		2026	2027	2028
The company has established policies and guidelines for information security governance.	Not Started	In Progress	In Progress	Success
• The company has developed a clear,documented IT security policy and guidelines,which have been approved by the Board of Directors.	Not Started	In Progress	Success	Success
• Information cybersecurity undergoes evaluation by an independent external auditor,accompanied by clear and actionable improvement and development strategies	Not Started	In Progress	In Progress	Success
• All employees undergo training,communication,and understanding assessments to enhance awareness of IT security.	Not Started	In Progress	In Progress	Success
Conduct cybersecurity penetration testing at least once every three years.	-	In Progress	In Progress	Success

Strategic Initiative

Strategic Initiative	Year	Expected Outcomes
Develop and implement an organization-wide Information Security policy and procedures, and systematically integrate them into relevant operational workflows.	2026	• Review and/or establish information security policies and procedures covering key processes; define policy owners and responsibilities, including clear governance and approval workflows.
	2027	• Implement and communicate the policy/procedures across relevant functions in a structured manner; maintain evidence of communication and acknowledgment; refine documents and practices to align with operational reality and applicable requirements.

Strategic Initiative	Year	Expected Outcomes
	2028	• Embed information security as business-as-usual (BAU); monitor effectiveness and continuously review and improve through the PDCA (Plan–Do–Check–Act) cycle.
Assess cyber security risks and strengthen controls based on prioritization to enhance prevention, detection, and incident response readiness.	2026	• Establish a baseline cyber risk assessment and prioritization approach, and develop a 1–3 year control uplift roadmap aligned with key risk areas.
	2027	• Conduct deeper assessments and testing as appropriate (e.g., specialist/external reviews) and implement improvement actions according to the roadmap, including progress tracking and action closure.
	2028	• Monitor uplift results and perform periodic reassessments to validate control effectiveness, ensuring controls are consistent, auditable, and continuously improved.
Strengthen Information Security awareness and culture across all target groups to promote consistent secure behaviors and reduce human-related security risks.	2026	• Develop role-based training materials and practical guidance tailored to target groups (e.g., new hires, existing employees, high-risk functions) and maintain documented evidence of participation and acknowledgment.
	2027	• Deliver ongoing training and assess understanding (e.g., quizzes/ assessments); communicate relevant case examples and lessons learned to reinforce learning and reduce risky behaviors.
	2028	• Embed the program as business-as-usual (BAU) with continuous monitoring; regularly update training content and materials to keep pace with evolving risks and threats.
Test and enhance incident response readiness for information security/cyber events to ensure timely, structured, and well-coordinated response and recovery.	2026	• Develop an Incident Response Plan and internal communication/coordination procedures; define roles and responsibilities, contact channels, and clear escalation pathways.
	2027	• Conduct incident response testing (e.g., table-top exercises/ simulations) and complete improvement actions through action closure; update the plan and procedures based on test results.
	2028	• Perform regular testing and mature readiness through the PDCA (Plan–Do–Check–Act) cycle; capture lessons learned and continuously strengthen preventive controls and response capabilities.
Strengthen the organizations information security/cyber risk management and governance to ensure controls are consistent, auditable, and aligned with organizational direction.	2026	• Establish an Information Security/Cyber Risk Register and define a reporting framework; set baseline assessment criteria and initial KPIs/KRIs, including clear accountable owners.
	2027	• Report to management and relevant committees on a defined cadence; enhance review of evidence completeness and control effectiveness, including tracking and action closure for improvement items.
	2028	• Embed the approach as business-as-usual (BAU) and enhance disclosure/communications where appropriate; continue periodic reviews and improvements (and, if applicable, prepare for ISO/IEC 27001 readiness within the defined scope).

Risk Management

Risk 1

Policy & Governance Alignment

Risk Characteristic

Policy definitions, roles and responsibilities, and governance mechanisms may not yet be fully aligned across the organization, including the assignment of owners and review cycles, leading to inconsistent implementation and follow-up.

Risk Impact

Governance and monitoring standards may be inconsistent, which can undermine confidence and disrupt the continuity of overall risk management.

Risk Management Measures

1. Define clear Owners/RACI and a standardized review cycle across the organization.
2. Establish a formal governance and reporting framework, including reporting channels and a defined cadence to management/ relevant committees.
3. Monitor implementation, review key issues, and drive continuous improvement to stay aligned with evolving risks and operational context

Risk 2

Cybersecurity Assurance & Evidence Readiness

Risk Characteristic

Control readiness and the availability of auditable evidence may not yet be complete or consistent with the defined framework, and evidence collection/retention practices may vary across functions, reducing auditability, traceability, and overall credibility.

Risk Impact

Readiness for assessments and control uplift initiatives may not be sustained consistently, which can undermine the credibility of governance and the overall effectiveness of risk management.

Risk Management Measures

1. Develop an annual assurance plan (e.g., internal reviews and/or third-party assessments, as appropriate), with defined scope and approach.
2. Define a minimum evidence set and ensure evidence is complete, auditable, and maintained consistently across the organization.
3. Conduct gap reviews and implement a remediation plan with clear owners and timelines, including progress tracking and action closure.

Risk 3

Incident Response & Communication Readiness

Risk Characteristic

The clarity of incident response procedures, coordination and situation-based stakeholder communicationsincluding emergency contact channelsmay not yet be complete or consistently standardized, which can delay response and reduce coordination effectiveness.

Risk Impact

Incidents may disrupt service continuity and undermine stakeholder confidence in the organizations readiness and governance.

Risk Management Measures

1. Develop a formal SOP/Incident Response Plan with clearly defined roles and responsibilities, including emergency contact channels and key coordinators.

2. Conduct regular exercises (scenario-based drills/table-top exercises) and capture lessons learned to strengthen the plan and response capabilities.

3. Track improvement items through action closure and report progress on a defined reporting cadence.

Risk 4

BAU & Continuous Improvement

Risk Characteristic

Embedding information security controls into business-as-usual (BAU) processessuch as change management, access management, and vendor managementand monitoring performance through defined metrics may not yet be fully implemented or consistently standardized across all functions.

Risk Impact

Without continuous monitoring, control uplift outcomes may not be sustainable and operational risk may increase, including a higher likelihood of repeat issues within critical processes.

Risk Management Measures

1. Define clear KPIs and a reporting cadence, and embed controls into BAU processes such as change management, access management, and vendor management under a consistent standard.

2. Apply the PDCA (Plan–Do–Check–Act) cycle to regularly review performance and drive continuous improvement.

3. Maintain a formal change log and conduct periodic reviews of outcomes and effectiveness.

Section 3

Climate Action Plan

Section 3 Climate Action Plan

Greenhouse gas inventory (GHG) plan

Preparing a greenhouse gas (GHG) inventory is a key mechanism for strengthening the Companys climate management in a systematic manner. It enables the Company to establish emissions data that are accurate, complete, verifiable, and comparable in line with relevant standardssupporting target-setting, emissions reduction planning, and ongoing performance tracking.

Accordingly, the Company is enhancing its data system and data governance framework, covering the definition of the reporting boundary, the assignment of Data Owners, standardized collection and retention of activity data and supporting evidence, and robust data quality review processes to ensure reliability and traceability.

This approach will strengthen the Companys readiness for sustainability reporting and stakeholder disclosures, while improving transparency and data credibility to support resilient and sustainable long-term growth.

Targets

Strengthen the Companys greenhouse gas (GHG) inventory to be accurate, complete, verifiable, and standardized across the organization by appointing an Executive Sponsor to provide strategic direction, policy oversight, and resources, and a Project Lead to manage delivery, data collection, and progress tracking in a structured manner.

The Company will enhance data governance by defining the reporting boundary, setting standards for data collection and evidence management, and assigning Data Owners across relevant functions to ensure activity data and supporting evidence are consistent, sufficient, and traceable. Coverage will include Scope 1–2 and material Scope 3 categories, as appropriate, and establish a base year to support target-setting and ongoing emissions reduction performance tracking.

The expected outcome is improved data readiness for reporting and stakeholder disclosures, and strengthened credibility, transparency, and consistency of climate-related information to support sustainable long-term growth.

Topic	Targets		
	2026	2027	2028
GHG inventory report, GHG verification and disclosure (specific to Scope 1 and Scope 2 emissions)	In Progress	Success	Success

Strategic Initiative

Strategic Initiative	Year	Expected Outcomes
Define the reporting boundary and establish standardized data and evidence requirements, while appointing Data Owners to ensure a consistent, organization-wide approach to the GHG Inventory.	2026	• Define the reporting boundary and methodology; appoint Data Owners and clarify responsibilities across relevant functions; establish a working team and a data governance framework, including reporting and approval cycles.
	2027	• Review and expand coverage to include Scopes 1–2 and material Scope 3 categories, as appropriate; refine the data governance framework to reflect operational reality and strengthen the completeness and quality of data and supporting evidence.
	2028	• Embed the reporting boundary and data governance approach

Strategic Initiative	Year	Expected Outcomes
		as BAU and continuously review and improve through the PDCA (Plan–Do–Check–Act) cycle.
Establish a standardized database for GHG emissions activity data and supporting evidence, and define the base year to enable a consistent GHG Inventory and ongoing performance tracking.	2026	• Design the data structure and define a standard evidence list; collect and consolidate 2569 data to set the base year, ensuring the dataset and supporting evidence are complete within the defined scope.
	2027	• Prepare the annual GHG inventory and improve data/evidence completeness; expand the database to cover material activities (including relevant Scope 3 categories, as appropriate).
	2028	• Conduct regular data quality reviews and refine processes based on findings; strengthen consistency of calculation methods and documentation/evidence retention. Where applicable, prepare for third-party verification and CFO sign-off/ statement in line with relevant standards (e.g., ISO 14064-1 and applicable TGO guidance).
Continuously strengthen GHG inventory data quality and process standardization to ensure emissions data are accurate, complete, auditable, and ready for assurance/verification, as appropriate.	2026	• Establish standardized data quality check criteria and procedures, including defined quality controls, reviewers, and review cycles; build assurance readiness by preparing required supporting evidence in line with defined requirements.
	2027	• Perform regular data quality reviews and improve processes based on findings; enhance consistency of calculation methods and supporting documentation. Where appropriate, undergo third-party verification by a certified body and obtain CFO sign-off/statement in line with relevant standards (e.g., ISO 14064-1 and applicable TGO guidance).
	2028	• Embed data quality management and periodic reviews as BAU; maintain ongoing readiness for assessments/verification as needed, and drive continuous improvement through regular review cycles and the PDCA approach.

Risk Management

Risk 1

Boundary & Data Governance

Risk Characteristic

The reporting boundary, roles and responsibilities, and reporting/approval processes may not yet be consistently standardized across business groups, functions, and branches, resulting in differences in data collection, review, and reporting practices.

Risk Impact

Data may be inconsistent and not standardized, which can delay report completion and undermine the credibility of disclosures to stakeholders.

Risk Management Measures

1. Define and document the reporting boundary in writing and establish it as an organization-wide standard.

2. Appoint Data Owners and develop a clear RACI (roles and responsibilities) covering all relevant functions/branches.

3. Set a formal monitoring, review, and approval cadence aligned with the reporting timeline (e.g., monthly/quarterly as appropriate).

Risk 2

Data & Evidence Completeness

Risk Characteristic

Activity data from multiple sources and branches may be incomplete or not in a standardized format, and supporting evidence may be fragmented, making consolidation, review, and traceability difficult.

Risk Impact

This increases the burden of data consolidation and quality review, which can weaken audit/verification readiness and reduce overall preparedness for stakeholder disclosures.

Risk Management Measures

1. Use a centralized template and define a standardized minimum dataset for all functions/branches.
2. Establish a standard evidence list and a centralized evidence repository, including naming conventions and version control to support traceability.
3. Perform periodic sample checks to validate completeness, accuracy, and consistency of data and supporting evidence.

Risk 3

Data Quality & Methodology

Risk Characteristic

Calculation methodologies, emission factors, and data quality review practices may vary across reporting cycles if there is no clear standard and auditable change log in place.

Risk Impact

Results may be inconsistent or not meaningfully comparable year-on-year, which can weaken trend analysis, base-year setting, and the effectiveness of emissions reduction target-setting and tracking.

Risk Management Measures

1. Standardize the calculation methodology and approved emission factor sources/sets across the organization, including selection criteria and a clear hierarchy for use.
2. Perform consistent data quality checks against defined criteria (e.g., completeness, accuracy, reasonableness, and evidence alignment).
3. Maintain an auditable change log for any updates to methodologies, emission factors, or key assumptions, with expert/reviewer validation prior to use in each reporting cycle.