

## WHISTLE BLOWING FORM

(\*) Denotes mandatory field

### Your Contact Information

Name : \_\_\_\_\_  
NRIC No\* : \_\_\_\_\_  
Phone No\* : Office \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_  
Email address\* : \_\_\_\_\_  
Employment Details\* : \_\_\_\_\_  
Position & Department  
(for employees only)

### Your Disclosure\*

**Please include details of the person(s) involved, nature of allegation, where and when the alleged improper conduct took place (use additional sheets if necessary)**

**Please state the supporting documents, witnesses or evidence to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant documents (use additional sheets if necessary)**

### Declaration\*

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that Company will use the information and material provided throughout the investigation process.

\_\_\_\_\_  
(Signature\*)

Name

Date\*