WHISTLEBLOWING REPORT FORM

Please provide the following details for any suspected serious misconduct or any breach or suspected breach of company policies, law or regulation that may adversely impact the Group. Please note that you may be called upon to assist in the investigation, if required. All information will be kept in a strictly confidential manner.

*Note: Please read and follow the guidelines as laid out in the Whistleblowing Policy*

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| --- | --- |
| **REPORTER’S INFORMATION** | |
| NAME \* |  |
| COMPANY |  |
| DEPARTMENT |  |
| CONTACT NUMBER |  |
| E‐MAIL ADDRESS \* |  |
| **SUSPECT’S INFORMATION** | |
| NAME \* |  |
| COMPANY |  |
| DEPARTMENT \* |  |
| CONTACT NUMBER |  |
| E‐MAIL ADDRESS |  |
| **WITNESSES’S INFORMATION *(if any)*** | |
| NAME |  |
| COMPANY |  |
| DEPARTMENT |  |
| CONTACT NUMBER |  |
| E‐MAIL ADDRESS |  |
| **DETAILS OF CONCERN:** *Briefly describe the misconduct / improper activity and how you know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.* | |
| 1. What misconduct / improper activity occurred? | |
| 2. Who committed the misconduct / improper activity? | |
| 3. When did it happen and when did you notice it? | |
| 4. Where did it happen? | |
| 5. Is there any evidence that you could provide us? | |
| 6. Are there any other parties involved other than the suspect stated above? | |
| 7. Do you have any other details or information which would assist us in the investigation? | |
| 8. Any other comments? | |
| Date: | Signature: |

\*: Please fill in all required fields