WHISTLEBLOWER REPORT FORM

Please provide the following details for any suspected and/or known misconduct or any breach or suspected breach of law or regulation that may adversely impact the Company. The Management commits to ensure that all disclosed information, including the identity of the whistleblower shall be treated with strict confidentiality. Please be noted that you may be called upon to assist in the investigation, if required.

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| **REPORTER’S CONTACT INFORMATION** |
| Name\* |  |
| Designation |  |
| Department/ Company |  |
| Contact Number |  |
| E-mail Address\* |  |
| **SUSPECT’S INFORMATION** |
| Name\* |  |
| Designation |  |
| Department/ Company |  |
| Contact Number |  |
| **INCIDENT INFORMATION** |
| When did it happen? |  Date: Time: |
| Where did it happen? |  |
| What misconduct and how was it happen?  |  |
| Is there any evidence can be provided? |  Yes No |
| Are there any other parties involved? |  |
| Any other comments? |  |
| Date: | Signature: |