



Whistleblowing Policy

Whistleblowing Form

Section 1: Whistleblower Details			
Name		Phone No.	
Designation		Email Add.	
Department		Company	
<i>(Person who choose to submit anonymous report is not required to complete the details in Section 1)</i>			
Section 2: Details of Individuals Involved in Improper Conduct			
Name		Phone No.	
Designation		Email Add.	
Department		Company	
Section 3: Details of Improper Conduct			
Date of Incident		Time of Incident	
Location			
Details of Incident/ Misconduct			



**Details of
Incident/
Misconduct
(Cont'd)**

Details of Incident/ Misconduct (Cont'd)	
---	--



Whistleblowing Policy

How did you know about it?	
-----------------------------------	--

(Attachment of any evidence or supporting document for the incident of improper conduct reported in Section 3 is highly encouraged.)

Section 4: Details of Witness (If any)			
Name		Phone No.	
Designation		Email Add.	
Department		Company	

Section 5: Declaration			
a. I confirm to the best of my knowledge that all information provided in this Form is true. b. I hereby agree that the information provided herein to be used and processed for investigation purposes.			
Name:		Signature	
Date:			

Note: You may attach additional details if the designated fields within this form do not permit full elaboration.