

STRICTLY PRIVATE AND CONFIDENTIAL

(For Whistleblower Protection Policy)

IMPORTANT NOTE:

- (1) Submitter's act of reporting the improper conduct by the alleged person signified that the submitter has read the Whistleblower Protection Policy and he/ she is making the report in good faith.
- (2) On best effort basis, the submitter shall describe the alleged event or matter that raises the concern under Details of Concern section, i.e. the minimum information as follows:
 - a) names(s) of the person(s) involved
 - b) date
 - c) time
 - d) location of the event
 - e) supporting document/documentary proof
- (3) Submitter should be aware that allegation may be subjected to disciplinary action.
- (4) Identity of the submitter would be disclosed only if absolute necessary i.e. required by the Law or to allow effective investigation/response.
- (5) Submitter of the report shall not further divulge any of the information/investigation results he/ she received on the reported concern.



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REPORT OF CONCERN

Date:		
Submitted Category:		
Submitter (Optional):	Name:	
	Employee ID:	
	Designation:	
	Department/ Function:	
Nature of		
Concern:	If Others, please specify:	
Details of Concern:		



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Contact of Whistleblower	Should the submitter choose to reveal his/ her identity or remain anonymous, please provide the following details so that the appointed Ombudsperson could contact him/ her for more information, if the need arises, to facilitate the investigation.
	Name:
	Phone:
	E-mail:
	Address:
Declaration (Including by a	I declare that the report is made by me without malicious intent, not carelessly but after due and careful inquiry.
Whistleblower who chooses to remain anonymous)	Signature:
	Date:
For office use	Received By:
	Date of receipt: