

STRICTLY PRIVATE & CONFIDENTIAL
(For Whistleblower Protection Policy)

REPORT OF CONCERN

Date:	<dd/mm/yy>	
Submitted Category:	<input type="checkbox"/> Employee (E) <input type="checkbox"/> Customer (C) <input type="checkbox"/> Vendor (V) <input type="checkbox"/> Shareholder (S) <input type="checkbox"/> Others (O)	
Submitter:	Name (optional): Designation (optional): Department/Subsidiary (optional):	Employee ID:
Nature of Concern:		
Details of Concern: <i>(Note: On best effort basis, the submitter shall describe the alleged event or matter that raises the concern i.e.:</i> a) <i>names(s) of the person(s) involved</i> b) <i>date</i> c) <i>time</i> d) <i>location of the event</i> <i>(attach/provide supporting document/documentary proof)</i>		

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