

STRICTLY PRIVATE AND CONFIDENTIAL

(For Whistleblower Protection Policy)

REPORT OF CONCERN

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

NOTE:

- (1) Submitter should be aware that allegation may be subjected to disciplinary action.
- (2) Identity of the submitter would be disclosed only if absolute necessary i.e. required by the Law or to allow effective investigation/response.
- (3) Submitter of the report shall not further divulge any of the information/investigation results he/she received on the reported concern.
- (4) 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.



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Contact of Whistleblower	Should the submitter chooses 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. Name: Phone: e-mail Address:
Declaration	I declare that the report is made by me without malicious intent,
(Including by a Whistleblower who chooses to remain anonymous)	not carelessly but after due and careful inquiry.
	Signature:
	Date:
For office use	Received By / Date of receipt: