



APPENDIX I

WHISTLEBLOWING REPORT FORM

Please fill out this form and submit it to the Contact Information as described under Paragraph 11 of this Policy. All information provided will be kept confidential, and you may choose to remain anonymous.

Particulars of Whistleblower			
Do you wish to remain anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:			
NRIC No.:		Employee ID (if applicable):	
Contact No.:		Email:	

Particulars of Disclosure	
Date of Disclosure:	
Company and location:	
Nature of Disclosure <i>(Please include (a) background and any relevant history on the Disclosure, (b) name of persons involved, (c) time and date of any subsequent actions or communications, (d) particulars of what happened or what was carried out (e) documents and photographic evidence of any such incidences):</i>	
Witness <i>(please provide contact of the witness such as name, contact number etc, if any, and/or the best way to get in touch with him/her):</i>	

I confirm that the information reported above are true and accurate to the best of my knowledge and all relevant evidence, further information and documents have been attached to this report. I acknowledge that I may be required to testify as a witness and support in any further investigation processes on these allegations.

Signature

Date: