

**STRICTLY PRIVATE & CONFIDENTIAL**

(For Whistleblower Protection Policy)

**REPORT OF CONCERN**

|  |  |
| --- | --- |
| **Date:**  | <dd/mm/yy> |
| **Submitted Category:** |  Employee (E) Customer (C) Vendor (V) Shareholder (S) Others (O) |
| **Submitter:** | **Name** (optional):Designation (optional):Department/Subsidiary (optional): | Employee ID: |
| **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.:*1. *names(s) of the person(s) involved*
2. *date*
3. *time*
4. *location of the event*

*(attach/provide supporting document/documentary proof)* |

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