

**STRICTLY PRIVATE & CONFIDENTIAL**

(For Whistleblower Protection Policy)

**REPORT OF CONCERN**

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| --- | --- | --- |
| **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)* | | |

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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 personnel could contact him/her for more information, if the need arises, to facilitate the investigation.  Name:  Phone:  e-mail  Address: |
| **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:** |