

WHISTLEBLOWING FORM

A.	PERSONAL PARTICULARS OF WHISTLEBLOWER					
Name:						
	I/C No. / Passport No./Staff no.:					
Cor	Correspondence Address:					
	sail Andreas	Talambana Na				
E-mail Address:		Telephone No.:				
Designation:		Department/Company:				
	ferred communication method: Mail	□ e-mail	□ telephone			
В.	INFORMATION OF PERSON BEING REPOR	TED WHO INVOLV	VED IN IMPROPER CONDUCT			
	vidual 1					
1	Name of person being reported:					
	Designation / position of person being reported:					
	How do you know the person being reported?					
Indi	Individual 2					
2	Name of person being reported:					
	Designation / position of person being reported:					
	How do you know the person being reported?					
Individual 3						
3	Designation / position of person being reported:					
	How do you know the person being reported?					
C.	DETAILS OF IMPROPER CONDUCT					
	Date of Incident: Time of Incident:					
	Location of Incident:					
	Details of Improper Conduct:					
	*Please attach supporting documents (if any) to assist in					
	the review and investigation.					
	Use additional sheets if the space provided is insufficient.					
	apada provided to medinolom.					



WHISTLEBLOWING FORM

Have you lodged a complaint on this ma department / authority before?	Have you lodged a complaint on this matter to another person / department / authority before?		(cross X where applicable)			
		YES:	NO:			
If YES, please indicate the person / departm (cross X where applicable)	If YES, please indicate the person / department / authority that the report was lodged: (cross X where applicable)					
(i) Police	*Please attach a cop	*Please attach a copy of the report made.				
(ii) Malaysian Anti-Corruption Commission	*Please attach a cop	*Please attach a copy of the report made.				
(iii) Bank Negara Malaysia	-	*Please attach a copy of the report made.				
(iv) Ministry of Finance	*Please attach a cop	a copy of the report made.				
(v) Others (please indicate the organization)	Name of organizatio	n:				
	*Please attach a cop	by of the r	eport made.			
Date report was made:						
Status of report made:						
D. DECLARATION	DECLARATION					
I declare that all information provided in this knowledge, information and belief.	I declare that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.					
purposes and further agree that the informa	I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to a department / authority / enforcement agency for purposes of investigation.					
Signature:						
Name:						
Date:						
For Office Use Only (to be completed by the Receiving Officer):						
Case No.:						
Name of Receiving Officer:						
Date Received:						