

## **WHISTLE BLOWER REPORT FORM**

Please provide the following details for any suspected serious misconduct or any breach or suspected breach of law or regulation that may adversely impact the Company and submit directly to the Audit Committee Chairman or the Internal Auditor. Please note that you may be called upon to assist in the investigation, if required.

*Note: Please follow the guidelines as laid out in the Whistleblowing Policy and Procedure*

<b>REPORTER'S CONTACT INFORMATION</b> <i>(This section may be left blank if the reporter wants to be anonymous)</i>			
NAME / BADGE NO.			
DESIGNATION			
DEPARTMENT/OPERATION			
CONTACT NUMBERS			
E-MAIL ADDRESS			
<b>SUSPECT'S INFORMATION</b>			
NAME / BADGE NO.			
DESIGNATION			
DEPARTMENT/OPERATION			
CONTACT NUMBERS			
E-MAIL ADDRESS			
<b>WITNESS(ES) INFORMATION <i>(If any)</i></b>			
NAME / BADGE NO.		NAME / BADGE NO.	
DESIGNATION		DESIGNATION	
DEPARTMENT/OPERATION		DEPARTMENT/OPERATION	
CONTACT NUMBERS		CONTACT NUMBERS	
E-MAIL ADDRESS		E-MAIL ADDRESS	
ALLEGATION NO		ALLEGATION NO	

<p><b>COMPLAINT:</b> <i>Briefly describe the misconduct / improper activity and how you know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.</i></p>	
1. What misconduct / improper activity occurred?	
2. Who committed the misconduct / improper activity?	
3. When did it happen and when did you notice it?	
4. Where did it happen?	
5. Is there any evidence that you could provide us?*	
6. Are there any other parties involved other than the suspect stated above?	
7. Do you have any other details or information which would assist us in the investigation?	
8. Any other comments?	
Date:	Signature (Optional):

**Note:** \* -

You SHOULD NOT attempt to obtain evidence for which you do not have a right of access since whistleblowers are 'reporting parties' and NOT 'investigators'.

<b><i>For Audit Committee Use</i></b>	<b><i>Report No.</i></b>
Received By	Received On:
	Acknowledgement Sent On:

Investigation Required (Yes / No)? <i>(If no, please state the reason)</i>
Investigation Done By:
Investigation Results:
Action Taken / Conclusion:
Reported to Audit Committee Chairman on
Signed Off by: