

Whistleblowing Form

No.WF...../20.....

Written on.....

1. Specify location, date (dd/mm/yy) and time of situation.

Location.....

Date..... Time.....

2. Specify concerned persons that were in the situation.

2.1 Full name of person(s) who committed fraud or corruption.

1..... 2.....

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2.2 Full name of witness/observer(s).

1..... 2.....

3..... 4.....

5..... 6.....

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3. Specify or explain the happening situation.

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4. Specify any concerned documents or evidences that can be used for investigation.

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5. Please specify your personal information (is not required as your optional) and available telephone number. Company will keep your information as top secret and will only disclose as deem necessity.

Full Name..... Employee Code.....

Department..... Telephone No.....

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***** Thank you for blowing the whistle *****