

## WHISTLEBLOWING FORM

	REFERENCE NUMBER:
<b>A. DISCLOSURE DETAILS</b>	
<b>1</b>	<b>PARTY INVOLVED IN CONCERN RAISED</b>
a.	Name of Alleged Wrongdoer :
b.	Designation :
c.	Division/Company :
d.	How do you know this person?
<b>2</b>	<b>DETAILS OF CONCERN</b> (You may use additional sheets if necessary)
a.	Date / Time / Location :
b.	Description of Concern :
<b>3</b>	<b>SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS</b> (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary)
a.	Witness Name: Department:
b.	Supporting Evidence
<b>B. REPORTING TO OTHER PARTIES</b>	
1.	<p>Have you raised your concern to any other person / department / authority? (Tick whichever applicable)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </p> <p>If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made.</p>
<b>C. PARTICULARS OF WHISTLEBLOWER</b>	<b>(YOU ARE ENCOURAGED TO PROVIDE YOUR CONTACT DETAILS TO ENABLE US TO CONTACT YOU FOR FURTHER CLARIFICATION IF REQUIRED)</b>
a.	Name :
b.	Designation / Occupation :
c.	Contact No :
d.	E-mail Address :
e.	Relationship with CIMB Group (if not Employee) :