

# WHISTLEBLOWING FORM

PRIVATE & CONFIDENTIAL

Reference No: \_\_\_\_\_

## A. WHISTLEBLOWER PARTICULARS

Name (as per NRIC/Passport) : \_\_\_\_\_

Contact Number : Mobile \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Email Address : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

\_\_\_\_\_

## B. NATURE OF YOUR CONCERN

Please tick (✓) where applicable

- |   |   |
|---|---|
| <input type="checkbox"/> Fraud, bribery and/or corruption   | <input type="checkbox"/> Conflict of interest   |
| <input type="checkbox"/> Financial irregularity   | <input type="checkbox"/> Unlawful and/or criminal acts  |
| <input type="checkbox"/> Mismanagement and/or abuse of authority  | <input type="checkbox"/> Non-compliance / breach of the Company's Code of Business Ethics                                 |
| <input type="checkbox"/> Authorized disclosure of the Company's confidential information including products and/or services | <input type="checkbox"/> Act with the intention to hurt, intimidate, harass and / or victimize any employees of the Group |
| <input type="checkbox"/> Others (Please specify)  |   |
- \_\_\_\_\_

## C. SUPPORTING DOCUMENTS

Do you have any documents/pictures / screen shots to support your concern?  Yes  No  
(If yes, please print and attach)

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## D. DETAILS OF YOUR CONCERN

Name of Party Involved : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Department : \_\_\_\_\_  
 How do you know this Party? : \_\_\_\_\_  
 Date / Time of Concern : \_\_\_\_\_  
 Location of Concern : \_\_\_\_\_

Description of Concern

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## E. DECLARATION

I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that the Company shall use the information and materials provided herein throughout the process in accordance with the Company’s Whistleblowing Policy.

\_\_\_\_\_  
 (Signature)  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_

# WHISTLEBLOWING FORM

## F. MAILING DETAILS

1. Two-envelope rule, completed form and supporting documents to be placed into first envelope which is then placed into second envelope.
2. Both envelopes marked "**PRIVATE & CONFIDENTIAL. For attention of addressee only.**"
3. Mailing Address:  
Ethics and Integrity Committee Secretariat  
TRX City Sdn. Bhd.  
P.O Box 10477,  
GPO Kuala Lumpur,  
50714 WPKL.
4. You may also scan the duly completed form, together with the supporting documents and email to [eic.secretariat@trx.my](mailto:eic.secretariat@trx.my).

## G. FOR OFFICE USE

Received By: (Name):	
Recipient's Signature:	
Received Date:	