WHISTLEBLOWING FORM

TUN RAZAK EXCHANGE

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

☐ Fraud, bribery and/or corruption

☐ Financial irregularity

☐ Mismanagement and/or abuse of authority

☐ Unauthorized disclosure of the Company's confidential information including products and/or services

☐ Conflict of interest

☐ Unlawful and/or criminal acts

☐ Non-compliance / breach of the Company's Code of Business Ethics

☐ Act with the intention to hurt, intimidate, harass and / or victimize any employees of the Group

☐ Others (Please specify)

_____

C. SUPPORTING DOCUMENTS

Do you have any documents/pictures / screen shots to support your concern?
(If yes, please print and attach)

☐ Yes ☐ No

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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.

G. FOR OFFICE USE

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