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# WHISTLE BLOWING POLICY

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## WHISTLE BLOWING 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. Please note that you may be called upon to assist in the investigation, if required.

(\*) Denotes mandatory field

### A. Your Contact Information\* :

Name\*

NRIC Number\*

Phone Number\* 

Office	<input type="text"/>	Mobile	<input type="text"/>	Home	<input type="text"/>
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Email Address\*

Employment Details\*  
(for employees only) 

Name	:	<input type="text"/>
Department	:	<input type="text"/>
Position	:	<input type="text"/>

### B. Disclosure

Please include the details of the person alleged, nature of allegation and when the alleged Improper Conduct took place.

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## C. Evidence

Please indicate the witness or evidence to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant supporting documents.

## D. Declaration\*

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that PAPPAJACK will use the information and material provided throughout the process.

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(Signature)

Name:

Date: