

WHISTLEBLOWING FORM
(STRICTLY CONFIDENTIAL)

Whistleblower Information

Name: _____
NRIC No: _____
Designation: _____
Staff No: _____
Department: _____
HP No: _____
Email: _____

Details of the Improper Conduct and alleged wrongdoer

Please include details of the person(s) involved, nature of allegation, where and when, date and time the alleged improper conduct took place (*you may use additional sheets if necessary*)

To substantiate the alleged Improper Conduct and facilitate the investigation, please provide the supporting documents, list of witnesses and its details or evidence (if any) (*you may use additional sheets if necessary*)

Have you lodged any report to any Enforcement Agency in respect of the Improper Conduct against the alleged wrongdoer)? If yes, please provide a copy and the details of the report

Declaration*

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge. I hereby agree that the information and material provided herein may be used and processed and disclosed to any third party in accordance to this PASB Group Whistleblowing Policy & Procedure for the investigation purposes.

(Signature)

Name:

Date: