WHISTLEBLOWING FORM

This form should be completed by employees and members of the public to report any suspected and/ or known improper conduct (misconduct or criminal offence) concerning the Group.

If you are employee of the Group who is reporting the suspected and/ or known improper conduct, you are required to state your name, employee number, designation, department, company, current address contact number and e-mail address.

If you are not an employee of the Group, you are required to state your name, name of employer, designation, current address, contact number and e-mail address.

When describing the suspected and/ or known improper conduct, please provide as much of the following information: Use additional pages if necessary.

Who? Who is involved? If it involves third parties, what are the names of the businesses, who owns them, and where are they located? Who else knows about the improper activities? Who are the witnesses who can shed more light into the suspected and/ or known improper conduct or are able to confirm that they occurred? How can these witnesses be contacted?

What? What specifically did the suspect do? What is wrong with it? Are there laws or regulations that govern what the suspect did? What documents are you able to provide as evidence of the improper conduct?

Where? Where did the improper conduct take place? Which department, division etc.?

When? When did the improper conduct happen? Is it ongoing? How frequently has it occurred?

Why? What was the suspect's motive? What did the suspect benefit from the improper conduct?

How? How did the improper conduct happen? Was there a lack of controls, circumvention of controls, or collusion with other individuals?

If you have additional questions or require clarification, please contact *whistleblower@muhibbah.com.my*

(*) Denotes mandatory field

A. PERSONAL PARTICULARS OF WHISTLEBLOWER				
Name*				
Employee No.* *(for employees only)*				
Designation				
Department				
Name of Employer*				
E-mail Address*				
Telephone No.*				
Correspondence Address*				
Preferred method of communication* *(Please tick the appropriate box)*	E-mail	Telephone	Letter	Interview

B. INFORMATION OF THE SUSPECT(S) INVOLVED IN THE IMPROPER CONDUCT *Please use additional sheet(s) if there are more than two suspects*	
Who is (are) the suspect(s)?* **Name of Suspect 1** *Who is involved?*	
Designation	
Department	
Company	
Relationship between Whistleblower and Suspect 1	
Name of Suspect 2 *Who is involved?*	
Designation	
Department	
Company	
Relationship between Whistleblower and Suspect 2	

C. DETAILS OF WITNESS(ES) WHO ARE ABLE TO CONFIRM THE IMPROPER CONDUCT (IF ANY) *Please use additional sheet(s) if there are more than two witnesses*	
Who is (are) the witness(es)? **Name of Witness 1**	
Designation	
Department*	
Company*	
Telephone No.	
E-mail Address	
Name of Witness 2* *Who is the witness?*	
Designation	
Department*	
Company*	
Telephone No.	
E-mail Address	
D. DETAILS OF THE IMPROPER CONDUCT *Briefly describe the improper conduct and how you know about it. Specify who, what, where, when, why and how. If there is more than one allegation, number each allegation and use as many sheets as necessary.*	
What did the Suspect(s) do?* i. Nature of the Improper Conduct ii. Frequency of the Improper Conduct iii. Items or Material Involved *(i.e. Cash, Watch, etc.)* iv. Estimated or exact Amount Involved	
Where did the misconduct occur?* **Place.**	
When did the misconduct occur?* **Date and Time.**	

Why did it occur?		
How did it occur?		
Is there any documentary evidence? *Please describe the documentary evidence and attach a copy of evidence that you have already in your possession to this form. If you do not have them, please indicate where the documents can be found.*		
E. PREVIOUS REPORT TO LOCAL OR INTERNATIONAL AUTHORITIES, IF ANY		
Have you lodged a report of the Improper Conduct through any local or international Authorities? *(Tick the appropriate box)*	Yes	No
Report/ File Reference No.		
Name of Party of Authority Receiving the Report		
Position and Department		
Date of Report		
Status of Report *Please attach a copy of the report made to the internal or external party or authorities.*		
F. ADDITIONAL COMMENTS *Please use additional sheet(s) if necessary*		
Do you have any other details or information regarding the improper conduct which would assist us in the investigation?		

G. DECLARATION OF GOOD FAITH*
I hereby declare that all information given herein is made in good faith and voluntarily to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that MEB will use the information, document and material provided throughout the investigation process. I further agree that the information provided herein may be forwarded to a department/ authority/ enforcement agency for purposes of investigation. I fully understand that by signing this Form, I will be entitled to whistleblower protection from the MEB Group as set out in MEB Group's Whistleblowing Policy. I also fully understand that in the event I have made this report maliciously or in bad faith, the whistleblower protection stated in MEB Group's Whistleblowing Policy will not be applicable to me and I may be subject to disciplinary or legal proceedings by MEB Group. _____ (Signature) Name: Date:

H. FOR OFFICE USE ONLY	
Name of Designated Officer who received the Whistleblower report	
Date when Whistleblower report received by Designated Officer	
Case Reference No.	
Remarks/ Conclusion	