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[Registration No.: 200801006376 (807660-K)]

WHISTLEBLOWER REPORTING FORM

Please provide the following details for any suspected serious misconduct or any 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.

WHISTLEBLOWER'S CONTACT INFORMATION								
NAME:								
CONTACT NUMBER:	EMAIL:							
SUSPECT INFORMATION								
NAME:								
EPARTMENT:								
CONTACT NUMBER:	EMAIL:							
WITNESS INFORMATION (IF ANY)								
NAME:								
DEPARTMENT:								
CONTACT NUMBER:	EMAIL:							
DETAILS OF CONCERNS								
DATE/TIME:	LOCATION:							
DESCRIPTION OF CONCERN: (Briefly describe the Misconduct and how you know y	ow about it, specify what, who, when, where and how)							
SIGNATURE:	DATE:							