**FORM FOR REPORT OF IMPROPER CONDUCT CONFIDENTIAL**

**REFERENCE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **A.** | **PERSONAL PARTICULARS OF WHISTLEBLOWER** |
| 1 | Name: |
| 2 | I/C No. / Passport No./Staff No.:  |
| 3 | Correspondence Address: |
| 4 | Telephone No.: |  Home: |
|   |  |  Office: Mobile: |
| 5 | E-mail Address: |    |
| 6 | Designation / Occupation: |  |
| 7 | Preferred method of communication: | □ mail  | □ e-mail | □ telephone /sms |
| **B.** | **INFORMATION OF BURSA MALAYSIA EMPLOYEE(S) INVOLVED IN IMPROPER CONDUCT** |
| Individual 1 |
| 1 | Name of Bursa Malaysia Employee: |
|  | Designation / position of said Employee in Bursa Malaysia:  |
|   | How do you know this Bursa Malaysia Employee? |
|  |
| Individual 2 |
| 2 | Name of Bursa Malaysia Employee: |
|  | Designation / position of said Employee in Bursa Malaysia:  |
|   | How do you know this Bursa Malaysia Employee? |
|  |
| Individual 3 |
| 3 | Name of Bursa Malaysia Employee:  |
|  | Designation / position of said Employee In Bursa Malaysia:   |
|   | How do you know this Bursa Malaysia Employee? |
| **C.** | **DETAILS OF IMPROPER CONDUCT** |
|  | Date:Time: Place: |
|   |
| Details of Improper Conduct: \*Please submit supporting documents if available.\*Please attach additional sheets if necessary |    |
|  | **Have you lodged a complaint on this matter to another person / department / authority before?**  | (cross X where applicable) |
| **YES:** |  | **NO:** |  |
|   | If YES, please indicate the person / department / authority that the report was lodged: (cross X where applicable) |
|   | 1. Police
 |  | \*Please attach a copy of the report made. |
|  | 1. Malaysian Anti-Corruption Commission
 |  | \*Please attach a copy of the report made. |
|  | 1. Securities Commission
 |  | \*Please attach a copy of the report made. |
|  | 1. Ministry of Finance
 |  | \*Please attach a copy of the report made. |
|   | 1. Others (please indicate the organization)

   |  | Name of organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Please attach a copy of the report made. |
|   | Date report was made: |
|   | Status of report made: |
|   |  |
| **D.** | **DECLARATION** |
| 1 | I declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief. |
| 2 | I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to a department / authority / enforcement agency for purposes of investigation. |
|   |  |  |
| Signature:  Name:  Date:  |
|
|
| **For Office Use Only:** |
| Record No.:   |
| Officer receiving this report:  |
| Date: |