**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: | | | | | | | | | | | | |
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| **For Office Use Only:** | | | | | | | | | | | | |
| Record No.: | | | | | | | | | | | | |
| Officer receiving this report: | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | |