



## WHISTLE BLOWING REPORT FORM

Please provide the following details for any suspected serious Misconduct or any breach of law or regulation that you would like to bring to the Company's attention. Please note that you may be called upon to assist in the investigation, if required.

[\* indicates required fields]

WHISTLEBLOWER'S CONTACT INFORMATION	
Name *	
Contact Number *	
Email Address *	
Employee ID & Company <i>(for GDB Group of Companies' employees only)</i>	
SUSPECT'S INFORMATION	
Name *	
Functional Title	
Department <i>(where applicable)</i>	
Contact Number*	
Email Address	

**COMPLAINT:** Briefly describe the Misconduct and how you came to know about it. Please specify what, who, when, where and how. If there is more than one allegation, you may use as many pages as necessary.

1. What is the Misconduct that occurred?	
2. Who committed the Misconduct?	
3. When did that happen and when did you notice it?	
4. Where did that happen and how did you notice it?	
5. Is there any evidence that you could provide us?	
6. Are there any other parties involved other than the person(s) named above?	
7. Do you have any other details or information which would assist us in the investigation?	
8. Any other comments?	
Signature :	Date :



FOR WHISTLEBLOWING COMMITTEE USE	COMPLAINT NO.
Received by & on :	Acknowledgement sent on :
Investigation Required (Yes / No)? (If no, please state reason)	
Investigation To Be Done By:	
Investigation Results :	
Action Taken / Conclusion :	
Signed Off By :	