WWBR-Form

**CONFIDENTAL** 

## WATTA WHISTLEBLOWER REPORT FORM (WWBF-Form)

SECTION 1: PERSONAL PARTICULARS OF WHISTLEBLOWER				
1	Name:			
2	Division/ Designation:			
3	Contact Number (Office/Mobil/Home):			
4	E-mail Address:			
SECTION 2: SUBJECT(S) INFORMATION				
1	Name(s):			
2	Division/ Designation:			
3	Contact Number (Office/Mobil/Home):			
4	E-mail Address:			
SECTION 3: WITNESS(ES) INFORMATION (If any)				
1	Name(s):			
2	Division/ Designation:			
3	Contact Number (Office/Mobil/Home):			
4	E-mail Address:			
SECTION 4: DETAILS OF IMPROPER CONDUCT				
1	Date of incident occured:			
	Time of incident occured:			
	Place of incident occurred: (provide specific location, whe	ere possible)		
2	Details of improper Conduct:			
	i) Describe the improper conselling, abuse of power etc	nduct/misconduct occurred (eg: fraud, conflict of interest, mis-		

	ii) How do you know the subject (s)	or person being reported?		
	iii) How did the the subject (s) or pe	erson being reported carry out the activity?		
	iv) How did you notice or aware of t	the improper conduct?		
	v) Is it ongoing? How frequently it happened?			
	vi) Any additional details of the incident would be useful to investigators:			
	Note:			
	*Please submit supporting documents if available.			
3	*Please attach additional sheets if necessary  Have you lodged a complaint on this matter to another person/ department/ authority before?			
	Yes	No		
4	If YES, please indicate the person/ department/ authority that the report was lodged:			
	(cross X where applicable) Police	*Please attach a copy of the report made.		
	Malaysian Anti-Corruption Commission	*Please attach a copy of the report made.		
	Securities Commission	*Please attach a copy of the report made.		
	Ministry of Finance	*Please attach a copy of the report made.		
	Others (please indicate the organization)	Name of organization:  *Please attach a copy of the report made.		
		. Isass attached copy of the report made.		

	Date	e report was made:	
	Stat	us of report made:	
SECTION 5: DECLARATION			
	1.	I declare 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 purposed and further agree that the information provided herein may be forwarded to a department/ authority/ enforcement agency for purposes of investigation.	
Signature:			
Name:			
Da	ate:		
For Internal Use Only:			
Reference No:			
PIC receiving this report:			
Date:			

This WWBR-Form is updated, approved and adopted at 29 August 2023