



WMI Form – Whistle-Blowing

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

Note: Please follow the guidelines as laid out in the Whistle-blowing Policy

Whistle-Blower Details

(This section may be left blank if the whistle-blower wishes to remain anonymous)

Name:

Designation:

Department / Company:

Contact Number:

Email Address:

Alleged Party's Details

Name:

Designation:

Department / Company:



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Contact Number:

Email Address:

Witness' Details *(if any)*

Name:

Designation:

Department / Company:

Contact Number:

Email Address:

Concern / Complaint

Briefly describe the misconduct / improper activity and how you know about it. Specify who, what, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.

What misconduct / improper activity occurred?



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Who committed the misconduct / improper activity?

When did it happen and when did you notice it?

Where did it happen?

Have you approached the person? If yes, what did he / she say?

Is there any evidence that you could provide us?



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Are there any other parties involved other than the suspect stated above? If yes, who are they?

Do you have any other details or information which would assist us in the investigation?

Have you reported the incident internally or through any other channels? If yes, to whom have you made the report?

Additional comments *(if any)*

Signature & Date