



WHISTLEBLOWING FORM

REFERENCE NUMBER:

1 ATTENTION TO			
a.	Name :		
b.	Designation :		
2 DISCLOSURE DETAILS			
2.1	PARTY INVOLVED IN CONCERN RAISED (You may insert information on additional individuals involved in a separate sheet)		
a.	Name of Party		
b.	Designation		
c.	BU/Dept		
d.	How do you know this party?		
3 DETAILS OF CONCERN (You may use additional sheets if necessary)			
a.	Date / Time / Location		
b.	Description of Concern		
4 SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary)			
a.	Witness	Name	
		Dept	
b.	Supporting Evidence		
5 REPORTING TO OTHER PARTIES			
a.	Have you raised your concern to any other person / department / authority? (Tick whichever applicable)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made.		
6 PARTICULARS OF WHISTLEBLOWER			
a.	Name		
b.	Designation / Occupation		
c.	Contact No		
d.	E-mail Address		
e.	Relationship with Alam Maritim Group (if not Employee)		
7 DECLARATION			
I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge, information and belief. I do understand that Alam Maritim Group shall use the information and materials provided herein throughout the process in accordance with the Group Whistleblowing Policy & Guidance Notes.			
<hr/> (Signature) Name Date			