

WHISTLEBLOWING FORM

Name of person alleged

Designation of person alleged

Company of person alleged

Allegation details

Incident date & time am/pm
(*time need not be exact) (dd/mm/yy)

Location of incident

Estimated value involved*
(if you have proof, please attach copy) RM

Other parties involved (if any)

Complainant Details

Name of complainant

Contact number

Email

Please tell us whether you would like to meet with the Chief Risk Officer or Chairman of the HHMB Risk Management Committee to give more details

Yes No

Date of Report:.....

**all reports shall be kept confidential including the complainant's details
+this report shall be opened only by the Chief Risk Officer or Chairman of HHMB Risk Management Committee*