

WHISTLEBLOWING DISCLOSURE FORM

Please fill this form by ensuring all details are **CORRECT** and complete it **HONESTLY**.

IMPORTANT NOTICE: This form is intended only for the initial disclosure to Digital Nasional Berhad (DNB). This form is not required if improper conduct has previously been reported to another agency / department / party.

Personal Particulars of Whistleblower

Section A

Name (as per NRIC)

IC No / Employee ID

Contact Number

Office Number

Mobile Number

Correspondence Address

Email Address

Designation / Occupation

Preferred Method of Communication

☐ Mail ☐ Email ☐ Telephone ☐ In-person

Note: With regards to the personal particulars of a Whistleblower, individuals are encouraged to provide the necessary information for easy contact, but do note that you have the right to remain anonymous.

Information of Employee(s) Involved in Improper Conduct

Section B

I

INDIVIDUAL #01

(please fill where necessary)

Name of Employee *(if known)*

Designation / Position of Said Employee in DNB *(if known)*

How do you know this Individual in DNB?

II

INDIVIDUAL #02

(please fill where necessary)

Name of Employee *(if known)*

Designation / Position of Said Employee in DNB *(if known)*

How do you know this Individual in DNB?

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IMPORTANT NOTICE: This form is specifically for first time report an incident to the Integrity and Governance Unit (IGU). This form does not need to be filled if the improper conduct has already been disclosed to another agency / department / party.

Information of Employee(s) Involved in Improper Conduct

Section B

III

INDIVIDUAL #03

*(please fill where necessary)*Name of Employee *(if known)*Designation / Position of Said Employee in DNB *(if known)*

How do you know this Individual in DNB?

Details of Improper Conduct

Section C

Incident Date, Time and Place

Details of Improper Conduct

Details of Witnesses *(if any)*

Note: Please attach supporting documents (if any). You may also attach additional evidence / sheets if necessary.

Have you lodged a complaint on this matter to another person / department / authority before?

☐ Yes☐ No

Note: If YES is selected, please indicate the person / department / authority that the report was lodged

Date Report was Made

Status of Report Made

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Declaration

Section D

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 understand that by signing this form, I and anyone with whom I have a close relationship will be protected under section 7 of the Whistleblower Protection Act of 2010.
3. If this disclosure is found to be false or in violation of any provision of the Whistleblower Protection Act of 2010, I understand that I will be prosecuted and my protection will be null and void.
4. I am aware that I retain the right to retract the report at any time without DNB cease the investigation.
5. I agree that DNB shall have the right to use my personal data for the purpose of the whistleblowing operational process which might include transfer of data and personal information to its related to the investigation.
6. I hereby agree that the information provided herein are to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to another department / authority / enforcement agency for investigation purposes.

Whistleblower Name

Signature

Date

Witness Name (if applicable)

Signature

Date

For Office Use Only

Section E

Reference No.

Officer Receiving This Report

Date