

BANK SIMPANAN NASIONAL

WHISTLEBLOWING FORM

	Reference No.						
DISCLOSURE OF IMPROPER CONDUCT							
PARTICULARS OF WHISTLEBLOWER							
Name	e your details so that we can contact you for more information if required)						
Designation / Occupation							
Department / Address							
Contact No. (Office/Mobile)							
PARTICULARS OF THE PERSON(S) INVOLVED							
Name							
Designation							
Department / Address							
Contact No. (Office/Mobile)							
Describe in Detail the Alleged Improper Conduct							
(Date / Time / Place / Particulars)							
Impact As A Result Of the Improper Conduct							
	Any Other Information						
Any Other Information (Please attach supporting evidence to substantiate your disclosure and assist in the investigation)							



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Reporting To Other Parties							
Have you previously made the disclosure to any other person / department / authority? (Tick whichever is applicable) If Yes, please provide the following particulars:			Yes		No		
Report No. / File Ref. No.							
Name of Recipient							
Department / Authority							
Date of Disclosure made							
Status of the Disclosure							
Whistleblower Declaration							
I hereby declare that all the information provided in this Whistleblowing Form are true. I fully understand that by signing this Whistleblowing Form, I am or any person related to or associated with me is entitled for whistleblowing protection as provided under the Whistleblowing Policy. I fully understand that in the event that I have made the disclosure in bad faith, the protection accorded to me under the Whistleblowing Policy will be revoked and that I may be subjected to disciplinary or legal proceedings, as the case may be.							
Whistleblower Signature							
Name			Date				
For Office Use Only							
Comment / Note :							
Designated Officer Signature							
Name			Date				

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