



WHISTLE BLOWING FORM

STRICTLY CONFIDENTIAL

(*) Denotes mandatory field

1 Your Contact Information

Name *

NRIC Number *

Phone Number *

Office

Mobile

Home

Email Address *

Employment Details *

(for employees only)

Division, Department, Position

2 Details of Concern *

Please indicate here, a summary of your concern. You should include details of what your concern is; who is / are involved; why you are concerned; when did the concern arise; if there are other people who can verify your concern. (Use additional sheets if necessary).

3 Evidence

Please state the supporting documents, witnesses or evidence to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant documents. (Use additional sheets if necessary).

4 Declaration *

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that GADANG will use the information and material provided throughout the process.

(Signature)

Name:

Date:

Instruction to whistle-blower

If you are an employee, you should send this form to your immediate superior, unless he / she is the subject of complaint, then it should be passed to the Group CFO, Group MD / CEO or the Chairman of Audit Committee.

If you are not an employee, please send this form to the Chairman of Audit Committee.

You will be contacted by a senior member of staff, who will confirm the process to be followed and agree how you are to be contacted in future. Whilst we shall try to keep your name as confidential as possible, please be aware that it may well be necessary to reveal it as part of the investigation process.

Received by: _____

Date : _____