Appendix 1: Whistleblowing Form 1/3

TECHNOFIT

WHISTLEBLOWING FORM

A. PARTICULARS OF WHISTLEBLOWER		
Name		
Designation		
Division / Company		
Contact No.		
Email		
Relationship with TECHNOFIT Sdn. Bhd. (e.g. employee, supplier, client)		
B.	**DISCLOSURE DETAILS**	
1	**PARTY INVOLVED IN THE CONCERN RAISED** (You may insert information on additional individuals involved in a separate sheet)	
	ALLEGED PERSON 1	
a.	Name	
b.	Designation	
c.	Division/Company	
d.	How do you know this person?	
	ALLEGED PERSON 2	
a.	Name	
b.	Designation	
c.	Division/Company	
d.	How do you know this person?	
2.	**DETAILS OF CONCERN** (You may use additional sheets if necessary)	
a.	Type of concern (Tick whichever is applicable)	○ Fraud / Dishonesty / Breach of Trust ○ Bribery / Corruption ○ Abuse of power ○ False Claim ○ Conflict of interest ○ Theft / Embezzlement ○ Misuse of the Company property ○ Non-compliance with the Company code of conduct, policies and procedures ○ Facilitation payments ○ Insider trading ○ Others, please specify: _____
b.	Incident date & time	
c.	Location of Incident	

Appendix 1: Whistleblowing Form 2/3

TECHNOFIT
WHISTLEBLOWING FORM

d.	Description of Incident / Concern	
3.	**SUPPORTING INFORMATION TO ASSIST INVESTIGATION** (Please attach supporting evidence to substantiate your disclosure and assist in the investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary)	
WITNESS 1		
a.	Name	
b.	Designation	
c.	Division/Company	
d.	Supporting Evidence/ Document	
WITNESS 2		
a.	Name	
b.	Designation	
c.	Division/Company	
d.	Supporting Evidence / Document	
C. ADDITIONAL DETAILS		
Have you lodged a complaint on this matter to another person / department / authority before?	☐ Yes ☐ No	
If **YES**, please indicate the person / department / authority that the report was lodged:		

2 | 3 TSB-F-ABMS-06

Appendix 1: Whistleblowing Form 3/3

TECHNOFIT

WHISTLEBLOWING FORM

D. DECLARATION
Pursuant to this report, I hereby declare the following: • I acknowledge and declare that all information provided in this form is true, correct and complete to the best of my knowledge, information and belief • I am willing to assist in the investigation of improper conduct (if required) • Prior to this report, I have not disclosed the subject matter of the complaint or any part thereof to any other person • I am aware that it is an offence to provide false information/allegation with intention to disgrace the employee or company's image and reputation and/or misuse the mechanism of whistleblowers system and disciplinary action could be taken against me ..... (Signature) Name: Date:

E.	**WHISTLEBLOWING UNIT ACKNOWLEDGEMENT**	
a.	Signature	
b.	Name	
c.	Designation	
d.	Date & time received	
e.	Register Report No	