

CONFIDENTIAL

WHISTLEBLOWING FORM

REFERENCE NUMBER :

INSTRUCTIONS :

1. Please provide details for the sections below for any suspected misconduct / improper activity that may adversely impact Pelaburan MARA Berhad and its subsidiaries.
2. Please comply with the requirements stated in the “Whistleblowing Policy”.
3. Please email to any of the designated whistleblowing channels or enclose the completed form in a sealed envelope as follows :-

Level of Disclosure	Designated Recipient and Email Address	By Mail
Disclosure against all levels of staff, excluding IGU and/or GCEO	Head, Integrity & Governance integrity-wb@pelaburanmara.com.my	Sealed letter with an indicative label such as : To be opened by the ‘ <i>Designated Recipient</i> ’ only, addressed to- Pelaburan MARA Berhad 2nd Floor, Wisma PMB, No.1A, Jalan Lumut, 50400 Kuala Lumpur.
Disclosure against Integrity & Governance Unit	Group Chief Executive Officer gceo-wb@pelaburanmara.com.my	
Disclosure against Group Chief Executive Officer	Head, Integrity & Governance integrity-wb@pelaburanmara.com.my	
Disclosure against members of the Board / committee of the Board and /or Company Secretary	Head, Integrity & Governance integrity-wb@pelaburanmara.com.my	
Any other person not specified above, such as: <ul style="list-style-type: none"> • Unit Trust Agents • Supplier / Vendor / Service Provider • Others 	Head, Integrity & Governance integrity-wb@pelaburanmara.com.my	

4. Please contact the Integrity and Governance officers at 03-41453825 / 03-41453855 or email to integrity@pelaburanmara.com.my, if you need any clarification.

A. 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) <ul style="list-style-type: none"> <input type="radio"/> Fraud / Dishonesty <input type="radio"/> Bribery <input type="radio"/> Abuse of power <input type="radio"/> Conflict of interest <input type="radio"/> Theft / Embezzlement <input type="radio"/> Corruption <input type="radio"/> Misuse of the Group's property <input type="radio"/> Non-compliance with the Group's policies and procedures <input type="radio"/> Others
b.	Date and time it happened
c.	Location it happened
d.	Description of 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
B. REPORTING TO OTHER PARTIES	
a.	<p>Have you raised your concern to any other person/department/authority previously?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state the person/department/authority and the date the report was made/lodged. Attach a copy of the said report.</p> <p>Name of the Person : _____</p> <p>Date of Report : _____</p>
C. OFFICE ACKNOWLEDGEMENT	
1. Receiving Officer	
a.	Signature
b.	Name
c.	Designation
d.	Date
2. Forward for Investigation to :	
a.	<input type="checkbox"/> Integrity & Governance Unit <input type="checkbox"/> Human Capital Management Division <input type="checkbox"/> Internal Audit Division
b.	<input type="checkbox"/> Justifiable <input type="checkbox"/> Unjustifiable
c.	Agreed by : Integrity & Governance Unit Head / Manager, Human Capital Management Head, Internal Audit
	Date :

D. PARTICULARS OF WHISTLEBLOWER

Name	
Designation	
Division / Company	
Contact No.	
Email	
Relationship with Pelaburan MARA or subsidiaries (if not employee)	

E. DECLARATION

I hereby declare that all information provided herein is made voluntarily and is true to the best of my knowledge, information and belief. I understand that Pelaburan MARA may use the information and materials provided herein throughout the investigation process.

I fully understand that by signing this Form, I will be accorded the protection of confidentiality of the identity, to the extent reasonably practicable as provided in Pelaburan MARA's Whistleblowing Policy.

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(Signature)

Date :