



WHISTLEBLOWING REPORT FORM

HIGHLY CONFIDENTIAL

If you reasonably believes may witness any wrongdoings, malpractice, improper conduct and corruption related activities, kindly disclose and provide the following information :

1.0 Whistleblower Information	
Name	
Position	
Department / *Company	
(*If external parties kindly state your association with LLC Group)	
Email Address	
Phone No	
2.0 Subject(s)/Accuser(s) Information	
Name	
Position	
Department / *Company	
(*If external parties kindly state your association with LLC Group)	
Email Address	
Phone No	
3.0 Witness(es) Information (If Any)	
Name	
Position	
Department / *Company	
(*If external parties kindly state your association with LLC Group)	
Email Address	
Phone No	
4.0 Details of Allegation(s)	
4.1	Briefly describe the allegation occurred (wrongdoing/malpractice/improper conduct/corruption related activity)?
4.2	Who is the subject and when it occurred ?
4.3	How is the modus operandi being carried out by subject?
4.4	Where (provide the details location, if possible) did the activity occur?



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4.5	Individual and name of the Company involved in the said activity?
4.6	How did you notice of the said activity?
4.7	Is it the said activity still ongoing?
4.8	Kindly enclose any documentary evidence which may substantial to the said allegation :
4.9	Any other details information which you think would be helpful/useful to the entire investigation :

Date : _____

Signature : _____

Notes :

- 1 The whistleblower may be called for statement recording in the process of investigation, if required.
- 2 Kindly submit this completed form via email (mgt@llc-bhd.com) or mail / hand delivery with sealed envelop as set out in the LLC Group Whistleblowing Protection Policy ("WBP Policy")