

Appendix 1



REPORTING OF CONCERNS OFFICIAL FORM

YOUR PARTICULARS

Name : _____
(As per NRIC / Passport /
Registration Document)

Position : _____

Division / Department / Company : _____

Staff No. : _____

Office Address : _____

Office Telephone No. : _____

Contact / Mobile No. : _____

NATURE OF YOUR CONCERN

Please mark (X) where applicable

<input type="checkbox"/> Commission of fraud and/or corruption	<input type="checkbox"/> Non-compliance with Company's policies and procedures and/or code of conduct
<input type="checkbox"/> Negligence	<input type="checkbox"/> Disclosure of Company's information including products and/or services without proper authorisation
<input type="checkbox"/> Abuse of position	<input type="checkbox"/> Exposure of Company's properties, facilities, and/or staff of the Company to the risks of safety and security
<input type="checkbox"/> Unauthorised use of Company's money, properties and/or facilities.	<input type="checkbox"/> Commission of acts which intimidate, harass and/or victimise any members of the Board of Directors, Management or staff of the Company
<input type="checkbox"/> Involvement in conflict of interest and/or business opportunities positions	<input type="checkbox"/> Involvement in politics or other hazardous and/or unlawful activities
<input type="checkbox"/> Commission of unlawful acts	<input type="checkbox"/> Failure to meet professional standards
<input type="checkbox"/> Concealment of any of the above	

