

Appendix A

WHISTLE BLOWING FORM

WHISTLEBLOWING REPORT		
Attention To: Chairman of the Whistleblowing Committee Belianemas Synergy Sdn. Bhd. Lot 3626, Block 16, KCLD, Taman Timberland, Lorong Rock 2, 93200 Kuching, Sarawak, Malaysia.		
Incident date & Time	Date:	Time:
Incident Location		
Name of Alleged Wrongdoer (Person / Department / Company)		
Description / Circumstances of Alleged Incident. Who, What, Where, When, How, Evidence/Witness – as applicable. (Please use attachment if necessary)	<u>Nature of concern and grounds for believing it to be true:</u>	
	<u>Background and history of concern (with relevant dates):</u>	
	<u>Particulars of evidence (if any):</u>	
	<u>Particulars of witnesses (if any):</u> Name: Contact Details:	

WHISTLE BLOWING FORM

Signature:

Name:

Department/Company:

Contact Details (phone and/or email):

Date:

Note: It is necessary to provide your contact details in order for us to obtain any further information or to keep you apprised of the progress of your report.