


<p><i>For Office Use Only:</i></p> <p>Received by ICD <input type="text"/></p> <p>Date: _____</p>	 <p>WHISTLEBLOWING FORM</p>
<p>NOTICE:</p> <p>This form is to be filled for whistleblowing relating to the <u>Securities Commission Malaysia (SC)</u> and/or an employee of the SC in relation to the discharge of his/her functions.</p>	
<p>A Your particulars</p> <p>Name : _____</p> <p>Address : _____</p> <p>IC/Passport no. : _____</p> <p>*Telephone no. : _____</p> <p>*Email : _____</p> <p>Occupation : _____</p> <p>Employer Name & Address : _____</p> <p>Employer Contact No. : _____</p> <p>* The contact details is to enable us to contact you for further information to assist in the proper assessment of the concerns raised.</p>	
<p><input type="checkbox"/> I am claiming protection under the Whistleblower Protection Act 2010.</p> <p><i>If you are claiming protection under the Whistleblower Protection Act 2010, you must furnish all the particulars required under Part A and complete the declaration under Part C and raise concern via walk-in to the SC.</i></p> <p><input type="checkbox"/> I am not claiming protection under the Whistleblower Protection Act 2010.</p>	

B Particulars of your concern

Name of Employee(s) involved :

Department :

Relationship with Employee: :

Details of concern(s) :

Describe the events that happened and the dates, time, location on which they occurred.

Do you have any documents in support of your concern?

No

Yes, I will forward them to the SC in due course

Yes, the following documents are attached with this form:

(a) _____

(b) _____

(c) _____

C Whistleblower Protection Act 2010 - Declaration

- ☐ I confirm that all information given to the SC is true.
- ☐ I declare that prior to this, I have not disclosed the subject matter and any details of the concern raised to any other person.
- ☐ I agree to maintain confidentiality of all such information that has been disclosed to the SC and/or any part thereof at all times and shall not for any reasons whatsoever, disclose any information pertaining to this concern to any other person after informing the SC.
- ☐ I understand and accept that if any disclosures made are found to be false or in breach of any provisions under the Whistleblower Protection Act 2010, the protection under the Act may be revoked or affected.
- ☐ I understand and accept that if any disclosures made are found to be false or in breach of any other provisions under the Whistleblower Protection Act 2010, I may be charged and may lose the protection, provided under the Whistleblower Protection Act 2010.

Signature :

Date :

Please forward this form and any additional information to:

Head of Integrity & Compliance Department
 Securities Commission Malaysia
 No. 3 Persiaran Bukit Kiara
 Bukit Kiara
 50490 Kuala Lumpur
 Telephone : 03 - 62048000
 Email : whistleblow@seccom.com.my