



AHB HOLDINGS BERHAD

AHB Holdings Berhad Whistleblowing Form

CONFIDENTIAL

FOR OFFICE USE

Date	:	
Ref No.	:	
Received by	:	

A. DISCLOSURE DETAILS

1. PARTY INVOLVED IN CONCERN RAISED (You may use additional sheets for additional individuals if necessary)

a.	Name of Party	:		
b.	Designation	:		
c.	Department / Company	:		
d.	Contact No.	:	Email Address	:
e.	How do you know this person	:		

2. DETAILS OF CONCERN

a.	Date / Time / Location	:		
b.	Description of Concern <i>(Briefly describe the improper conduct and how you do know about it.)</i>	:		

3. SUPPORTING INFORMATION (Please attach supporting evidence to substantiate your disclosure)

a.	Name of Witness	:		
b.	Designation	:		
c.	Department / Company	:		
d.	Contact No.	:	Email Address	:
e.	Supporting Evidence	:		

B. REPORTING TO OTHER PARTIES

Have you raised your concern to any other person / department / authority? (Tick whichever applicable)

Yes No

If yes, please state the person / department / authority the report was made or lodged and insert the date of the report. You may attach a copy of the report made.

C. PARTICULARS OF WHISTLEBLOWER (You are required to provide your identity and contact details to enable us to contact you for further clarification if necessary)

a.	Name of Whistleblower	:		
b.	Designation / Occupation	:		
c.	Contact No.	:	Email Address	:
d.	Relationship with AHB <i>(If not employee)</i>	:		

D. DECLARATION

I hereby declare that all information provided herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that AHB Holdings Berhad (“**AHB**”) shall use the information and materials provided herein throughout the process.

(Signature)

Name:

Date: