WHISTLEBLOWING FORM

|  |  |
| --- | --- |
| NAME  |   |
| NRIC NO.  |   |
| EMPLOYEE NO. (where applicable) |   |
| COMPANY  |   |
| DEPARTMENT  |   |
| CONTACT DETAILS  |   |
| Telephone:  |   |
| Handphone:  |   |
| Email: |   |
| Name of alleged wrongdoer/employee committing wrongdoing / misconduct  |   |
| Department of alleged wrongdoer/employee  |   |
| Date of the incident  |   |
| Time of the incident (if any)  |   |
| Place of the incident  |   |
| Reason for concern  |   |
| Witness (if any)  |  |
| Additional remarks  |   |
| Declaration:  |
| I have read and understood the Whistleblowing Policy and Procedures. I affirm that all information submitted in this Form is true and accurate to the best of my knowledge and agree to extend my full cooperation to Qurex in their investigation of my report/complaint.  |
|   |   |
| …………………………………………..  |   |
| Name:  |   |
| Date:  |   |