

PERBADANAN USAHAWAN NASIONAL BERHAD

(Company No. 221057-V)

WHISTLEBLOWER DISCLOSURE FORMS



FORM B

REPORT OF DETRIMENTAL ACTION

PARTICULARS OF WHISTLEBLOWER

Please note that a report made anonymous may not be processed or investigated unless the concern/allegation made is of sufficiently serious nature as determined by the Whistleblower Committee.

"Detrimental Action" means any reprisal action against a Whistleblower which shall include action causing injury, loss or damage; intimidation or harassment; interference with the lawful employment or livelihood of any person, including discrimination, discharge, demotion, suspension, disadvantage, termination or adverse treatment in relation to a person's employment, career, profession, trade or business or the taking of disciplinary action; and a threat to take any of the above actions.

"Improper Conduct" means any unethical behavior, malpractice, illegal act or any other wrongful or improper conduct within the Company, which if proven, constitutes a disciplinary offence or a criminal offence.

1.	Name				
2.	NRIC No.				
3.	Employee No. (if applicable)				
4.	Position (if applicable)				
5.	Department (if applicable)				
6.	Correspondence Address				
7.	Telephone No.	H/P:	Office:		
8.	Email Address (if any)				
B PARTICULARS OF THE COMPLAINT					
1.	Name of the person(s) reported of committing the Detrimental Action				
	Position (if known)				
	Department (if known)				
	Relationship between Whistleblower and the person reported of committing the Detrimental Action				



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2.	Are you personally affected	YES		NO	
	by the Detrimental Action?	If NO , please state the particulars of person(s) affected by the Detrimental Action.			
		Name of affected Detrimental known)	the person by the Action (if		
		Position (if k	(nown)		
		Department	(if known)		
			er and the affected by		
3.	Particulars of Detrimental Action	Date:			
		Time:			
		Place:			
		Particulars:			
4.	Have you previously made a Report of the Detrimental Action to any internal or external parties or the authorities?	YES		NO	
			se provide the	e following pa	articulars.
		Report/File No. (if know			
		Name of parauthority re- Report	•		
		Position (if a	applicable)		
		Department (if applicable)			
		Date the Report was made			
		Status of the	e Report		
C DECLARATION					
1.	I hereby declare that all the information provided in this Form is true and accurate.				



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- I fully understand that by signing this Form, I will be entitled to whistleblower protection from the Company as set out in the Company's Whistleblower Policy.
 I fully understand that in the event I have made this Report maliciously or in bad faith, the whistleblower protection contained in the Company's Whistleblower Policy will no longer be applicable to me and I may be subject to disciplinary or
- D PERSONAL DATA PROTECTION ACT 2010 ("PDPA") CONSENT CLAUSE

 1. By summiting this Form, I hereby agree that PUNB may collect, obtain, store and process my personal data as provided in this Form for the purpose of receiving updates, news, or any materials from PUNB.

 2. I fully understand and hereby give my consent to PUNB to:

 a) Store and process my personal data

 b) Disclose my personal data to the relevant government authorities or third parties where required by law or for legal purposes.

 3. For the avoidance of doubt, personal data includes all data defined within the Personal Data Protection Act 2010 including all data that had been disclosed to PUNB in this Form.

Note:

(a) Please attach supporting documents, if any.

legal proceedings by the Company.

- (b) If the spaces provided in this Form are not sufficient, please use a separate blank sheet.
- (c) Please submit the completed Form in a **SEALED** envelope and marked "**SECRET**" on the right-hand corner of the sealed envelope.
- (d) Please address the envelope to the following address:

The Secretariat of the Whistleblowing Committee (WBC)

Perbadanan Usahawan Nasional Berhad (PUNB) 13th Floor, Block 1B, Plaza Sentral Jalan Stesen Sentral 5, Kuala Lumpur Sentral 50470 Kuala Lumpur

For Secretariat's Use					
File Reference No.					
Received By					
Date					

