



**PERBADANAN USAHAWAN NASIONAL BERHAD**

(Company No. 221057-V)

**WHISTLEBLOWER DISCLOSURE FORMS**



**FORM A**

**COMPLAINT OF IMPROPER CONDUCT**

**A PARTICULARS OF WHISTLEBLOWER**

Please note that a complaint made anonymous may not be processed or investigated unless the concern/allegation made is of sufficiently serious nature as determined by the Whistleblowing Committee ('WBC').

"Improper Conduct" means any unethical behaviour, 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) complained of committing the Improper Conduct			
	Position (if known)			
	Department (if known)			
	Relationship between Whistleblower and the person complained of committing the Improper Conduct			
2.	Are you personally affected by the Improper Conduct?	<b>YES</b>		<b>NO</b>
		If <b>NO</b> , please state the particulars of person(s) affected by the Improper Conduct.		
		Name of the person affected by the Improper Conduct (if known)		



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		Position (if applicable)	
		Department (if applicable)	
		Relationship between Whistleblower and the person(s) affected by the Improper Conduct	
3.	Particulars of Improper Conduct	Date:	
		Time:	
		Place:	
		Particulars:	
4.	Have you previously made a Complaint of the Improper Conduct to any internal or external party or the authorities?	<b>YES</b>	<b>NO</b>
		If <b>YES</b> , please provide the following particulars.	
		Complaint/File Reference No. (if known)	
		Name of party or authority receiving the Complaint	
		Position (if applicable)	
		Department (if applicable)	
		Date the Complaint was made	
		Status of the Complaint	
<b>C DECLARATION</b>			
1.	I hereby declare that all the information provided in this Form is true and accurate.		
2.	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.		
3.	I fully understand that in the event I have made this Complaint 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 legal proceedings by the Company.		



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**Signature :**

**Name :**

**Date:**

**Note:**

- (a) Please attach supporting documents, if any.
- (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)  
13<sup>th</sup> Floor, Block 1B, Plaza Sentral  
Jalan Stesen Sentral 5, Kuala Lumpur Sentral  
50470 Kuala Lumpur

For Secretariat's Use

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

