

STRICTLY CONFIDENTIAL



COMPLAINT/DISCLOSURE FORM

NOTE: PLEASE PROVIDE DETAILED INFORMATION AS MUCH AS POSSIBLE

| COMPLAINANT'S INFORMATION | | | | | | | | | | | | |
|---|--------------|---|----------------------|-----------------------|---------------------|--------------|----|--|----|--|----|--|
| NAME: | | OFFICE ADDRESS: | | | | | | | | | | |
| SIGNATURE/DATE | EMPLOYEE NO. | E-MAIL ADDRESS: | | | | | | | | | | |
| COMPANY/DEPARTMENT | DESIGNATION | PHONE NO. | MOBILE NO. | FAX NO. | | | | | | | | |
| INFORMATION CONCERNING THE COMPLAINT | | | | | | | | | | | | |
| <i>What is the major issue involved?</i> <input type="checkbox"/> Violations of Corporate Governance Rules <input type="checkbox"/> Financial and Procedural Malpractice <input type="checkbox"/> Violations of the Code of Discipline <input type="checkbox"/> Others (Please specify) | | | | | | | | | | | | |
| <i>What happened? (Please attach additional sheet(s) if necessary)</i> | | | | | | | | | | | | |
| <i>How did you know about the subject of the complaint(s)?</i> <input type="checkbox"/> Personal or direct knowledge <input type="checkbox"/> Others have told me about it <input type="checkbox"/> Others (Please specify) | | <i>Please indicate the physical evidences/ documentations that may support your disclosure.</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Documents attached:</th> <th style="padding: 5px;">No. of Pages</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">2.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">3.</td> <td style="padding: 5px;"></td> </tr> </tbody> </table> | | | Documents attached: | No. of Pages | 1. | | 2. | | 3. | |
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| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| <i>Who is/are the person(s) involved? (Respondent/s) (Please attach additional sheets if necessary)</i> | | | | | | | | | | | | |
| NAME | DESIGNATION | COMPANY | DIVISION/GROUP/DEPT. | NATURE OF INVOLVEMENT | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| <i>Who is/are the possible Witness(es)? (Please attach additional sheets if necessary)</i> | | | | | | | | | | | | |
| NAME | DESIGNATION | COMPANY | DIVISION/GROUP/DEPT. | NATURE OF INVOLVEMENT | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <i>When did the incident take place?</i> Date/Time/Frequency | | | | | | | | | | | | |
| <i>Since when has this been occurring?</i> | | <i>Location of evidence:</i> | | | | | | | | | | |
| <i>How much is involved? Please provide an approximate figure.</i> | | | | | | | | | | | | |
| <i>Why are you making this disclosure? (Please attach additional sheet if necessary)</i> | | | | | | | | | | | | |
| DISCLOSURE HISTORY | | PLEASE ADVISE ON HOW WE MAY CONTACT YOU | | | | | | | | | | |
| <i>Was the disclosure previously reported to a management level? If yes, to whom was it reported?</i> | | <input type="checkbox"/> BY PHONE <input type="checkbox"/> THROUGH E-MAIL <input type="checkbox"/> OTHERS (SPECIFY) | | | | | | | | | | |
| <i>What do you think was the reason for lack of immediate action?</i> | | | | | | | | | | | | |