

CONFIDENTIAL

WHISTLEBLOWING FORM

REFERENCE NUMBER :

INSTRUCTIONS :

1. Please provide details for the sections below for any suspected misconduct / improper activity that may adversely impact Pelaburan MARA Berhad and its subsidiaries (the Group).
2. Please comply with the “Whistleblowing Policy” requirements.
3. Please email to any of the designated whistleblowing channels or enclose the completed form in a sealed envelope as follows:-

Level of Disclosure	Designated Recipient and Email Address	By Mail
Disclosure against all levels of staff, excluding IGU, CEO Subsidiaries and/or Group CEO	Head, Integrity & Governance integrity_wb@pelaburanmara.com.my	Sealed letter with an indicative label such as: To be opened by the ‘ <i>Designated Recipient</i> ’ only, addressed to:
Disclosure against - <ul style="list-style-type: none"> • Integrity & Governance Unit (IGU) • CEO Subsidiaries • Group CEO • Members of the committee of the Board • Company Secretary 	Chairman, Pelaburan MARA Berhad chairmanPMB_wb@pelaburanmara.com.my	Pelaburan MARA Berhad 2 nd Floor, Wisma PMB, No.1A, Jalan Lumut, 50400 Kuala Lumpur
Disclosure against members of the Board	Chairman, MARA Corp chairmanMC_wb@pelaburanmara.com.my	
Any other person not specified above, such as: <ul style="list-style-type: none"> • Unit Trust Agents • Supplier / Vendor / Service Provider • Others 	Head, Integrity & Governance integrity_wb@pelaburanmara.com.my	

4. Please contact the Integrity and Governance officers at 03-41453825 / 03-41453855 or email integrity@pelaburanmara.com.my, if you need any clarification.

A. DISCLOSURE DETAILS	
1 PARTY INVOLVED IN THE CONCERN RAISED (You may insert information on additional individuals involved in a separate sheet)	
ALLEGED PERSON 1	
a.	Name
b.	Designation
c.	Division/Company
d.	How do you know this person?
ALLEGED PERSON 2	
a.	Name
b.	Designation
c.	Division/Company
d.	How do you know this person?
2. DETAILS OF CONCERN (You may use additional sheets if necessary)	
a.	Type of concern (Tick whichever is applicable) <ul style="list-style-type: none"> <input type="radio"/> Fraud / Dishonesty <input type="radio"/> Bribery <input type="radio"/> Abuse of power <input type="radio"/> Conflict of interest <input type="radio"/> Theft / Embezzlement <input type="radio"/> Corruption <input type="radio"/> Misuse of the Group's property <input type="radio"/> Non-compliance with the Group's policies and procedures <input type="radio"/> Others
b.	Date and time it happened
c.	Location it happened
d.	Description of Concern
3. SUPPORTING INFORMATION TO ASSIST INVESTIGATION (Please attach supporting evidence to substantiate your disclosure and assist in the investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary)	
WITNESS 1	
a.	Name
b.	Designation
c.	Division/Company
d.	Supporting Evidence / Document

WITNESS 2	
a.	Name
b.	Designation
c.	Division/Company
d.	Supporting Evidence / Document
B. REPORTING TO OTHER PARTIES	
a.	<p>Have you raised your concern to any other person/department/authority previously?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state the person/department/authority and the date the report was made/lodged. Attach a copy of the said report.</p> <p>Name of the Person : _____</p> <p>Date of Report : _____</p>
C. OFFICE ACKNOWLEDGEMENT	
1. Receiving Officer	
a.	Signature
b.	Name
c.	Designation
d.	Date
2. Forward for Investigation to :	
a.	<input type="checkbox"/> Integrity & Governance Unit <input type="checkbox"/> Human Capital Management Division <input type="checkbox"/> Internal Audit Division
b.	<input type="checkbox"/> Justifiable <input type="checkbox"/> Unjustifiable
c.	Agreed by : <input type="checkbox"/> Head, Integrity & Governance <input type="checkbox"/> Head, Internal Audit <input type="checkbox"/> Head, Human Capital Management
	Date :

D. PARTICULARS OF WHISTLEBLOWER (not compulsory)

Name	
Designation	
Division / Company	
Contact No.	
Email	
Relationship with the Group (if not employee)	

E. DECLARATION

I hereby declare that all information provided herein is made voluntarily and is true to the best of my knowledge, information and belief. I understand the Group may use the information and materials provided herein throughout the investigation.

I fully understand that by signing this Form, I will be accorded the protection of confidentiality of the identity, to the extent reasonably practicable as provided in the PMB's Whistleblowing Policy.

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(Signature)

Date :