



# WATTA GROUP OF COMPANIES

WWBR-Form

CONFIDENTIAL

## WATTA WHISTLEBLOWER REPORT FORM (WWBF-Form)

SECTION 1: PERSONAL PARTICULARS OF WHISTLEBLOWER	
1	Name:
2	Division/ Designation:
3	Contact Number (Office/Mobil/Home):
4	E-mail Address:
SECTION 2: SUBJECT(S) INFORMATION	
1	Name(s):
2	Division/ Designation:
3	Contact Number (Office/Mobil/Home):
4	E-mail Address:
SECTION 3: WITNESS(ES) INFORMATION (If any)	
1	Name(s):
2	Division/ Designation:
3	Contact Number (Office/Mobil/Home):
4	E-mail Address:
SECTION 4: DETAILS OF IMPROPER CONDUCT	
1	Date of incident: Time of incident: Place of incident: (Please provide specific location, where possible)
2	Details of Improper Conduct:  i) Describe the improper conduct/misconduct (eg: fraud, conflict of interest, abuse of power etc.)

- ii) How do you know about the subject (s) or person being reported?
  
- iii) How did the the subject (s) or person being reported carry out the activity?
  
- iv) How did you notice or become aware of the improper conduct?
  
- v) Is it ongoing? How frequently has it happened?
  
- vi) Any additional details of the incident which would be useful to investigators:

**Note:**

- 1. Please submit supporting documents if available.
- 2. Please attach additional sheets if necessary

3 Have you lodged a complaint on this matter to another person/ department/ Authority before?

Yes

**D** No

4 If YES, please indicate the person/ department/ Authority that the report was lodged:  
(Mark " X" where applicable)

Police		*Please attach a copy of the report.
Malaysian Anti-Corruption Commission		*Please attach a copy of the report.
Securities Commission		*Please attach a copy of the report.
Inland Revenue Board (Lembaga Hasil dalam Negeri)		*Please attach a copy of the report.
Bank Negara Malaysia		*Please attach a copy of the report.
Others e.g. Ministry of Human Resources, Bursa Securities,		<u>Name of Authority:</u> _____ *Please attach a copy of the report.
etc		

<p>Date report was made:</p> <p>Status of report made:</p>
<p><b>SECTION 5: DECLARATION</b></p>
<p>1. I declare that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.</p> <p>2. I hereby agree that the information provided herein can be used and processed for investigation and further agree that the information provided herein may be forwarded to an Authority/ Enforcement Agency for purposes of their investigation.</p>
<p>Signature:</p> <p>Name:</p> <p>Date:</p>
<p><b>For Internal Use Only:</b></p>
<p>Reference No:</p>
<p>PIC receiving this report:</p>
<p>Date:</p>

***This WWBR-Form is approved and adopted on 29 August 2023***