

**FORM FOR REPORTING IMPROPER CONDUCT**
**CONFIDENTIAL**
**REFERENCE NUMBER:** \_\_\_\_\_

<b>A. PERSONAL PARTICULARS OF WHISTLEBLOWER</b>			
1	Name:		
2	I/C No. / Passport No./Staff no.:		
3	Correspondence Address:		
4	<table border="1"> <tr> <td>Telephone No.:</td> <td>Home: Office: Mobile:</td> </tr> </table>	Telephone No.:	Home: Office: Mobile:
Telephone No.:	Home: Office: Mobile:		
5	E-mail Address:		
6	Designation / Occupation:		
8	Preferred method of communication: <input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/> telephone /sms		
<b>B. INFORMATION OF BURSA MALAYSIA EMPLOYEE(S) INVOLVED IN IMPROPER CONDUCT</b>			
Individual 1			
1	Name of Bursa Malaysia Employee:		
(a)	Designation / position of said Employee in Bursa Malaysia:		
	How do you know this Bursa Malaysia Employee?		
Individual 2			
2	Name of Bursa Malaysia Employee:		
(b)	Designation / position of said Employee in Bursa Malaysia:		
	How do you know this Bursa Malaysia Employee?		
Individual 3			
3	Name of Bursa Malaysia Employee:		
(c)	Designation / position of said Employee in Bursa Malaysia:		
	How do you know this Bursa Malaysia Employee?		
<b>C. DETAILS OF IMPROPER CONDUCT</b>			
	Date:		
	Time:		
	Place:		

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Details of Improper Conduct:  *Please submit supporting documents if available. *Please attach additional sheets if necessary			
<b>Have you lodged a complaint on this matter to another person / department / authority before?</b>		(cross X where applicable)	
		<b>YES:</b>	<b>NO:</b>
If YES, please indicate the person / department / authority that the report was lodged: (cross X where applicable)			
(i) Police		*Please attach a copy of the report made.	
(ii) Malaysian Anti-Corruption Commission		*Please attach a copy of the report made.	
(iii) Securities Commission		*Please attach a copy of the report made.	
(iv) Ministry of Finance		*Please attach a copy of the report made.	
(v) Others (please indicate the organization)		Name of organization: _____ *Please attach a copy of the report made.	
Date report was made:			
Status of report made:			
<b>D. DECLARATION</b>			
1	I declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.		
2	I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to a department / authority / enforcement agency for purposes of investigation.		
Signature:			
Name:			
Date:			
<b>For Office Use Only:</b>			
Record No.:			
Officer receiving this report:			
Date:			