

WHISTLEBLOWER REPORT FORM

Note: 1. Please complete the information to the extent which you are comfortable.

2. Any person who elects to remain anonymous is advised that due to the anonymity, whistleblower protection may not be accorded and the Bank's ability to investigate the alleged improper conduct is limited to the extent of the contents of the report received.

WHISTLEBLOWER INFORMATION

Name:	Position:	Division/Branch:
Best Way to Reach You (Tel./Email or etc):		Best Hours to Reach You:

CONSENT TO DISCLOSE YOUR NAME

Please tick in box for name disclosure consent.

I consent to my name being disclosed if so required under the provision of the law or for the purpose of conducting a competent investigation.

Please tick in appropriate box

INFORMATION ABOUT YOUR CONCERN RETALIATION MADE AGAINST ME

Name of person your concern is against or name of person who retaliated against you:	Date(s) action occurred:
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Please provide a detailed description of your concern or retaliation made against you. You may attach additional pages if there is not enough space:

Do you have witness(es)? Yes No

If Yes, please provide the particulars of your witnesses below:

Witness(es) Name(s):	Contact Details (Tel./Email or etc):	<input type="checkbox"/> Staff	<input type="checkbox"/> Non-Staff
Witness(es) Name(s):	Contact Details (Tel./Email or etc):	<input type="checkbox"/> Staff	<input type="checkbox"/> Non-Staff