



(*) Denotes mandatory field

A. Your Contact Information* :

Name*						
NRIC Number*						
Phone Number*	Office		Mobile		Home	
Email Address*						
Employment Details* (for employees only)	Name : Department : Position :					

B. Disclosure

Please include the details of the person alleged, nature of allegation and when the alleged Improper Conduct took place.

[illegible]

WHISTLE BLOWING POLICY

C. Evidence

Please indicate the witness or evidence to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant supporting documents.

D. Declaration*

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that LBGB will use the information and material provided throughout the process.

(Signature)

Name:

Date: