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## WHISTLE BLOWING POLICY

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### ***WHISTLE BLOWING FORM***

Please provide the following details for any suspected serious misconduct or any breach or suspected breach of law or regulation that may adversely impact the Company. Please note that you may be called upon to assist in the investigation, if required.

(\*) 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.

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### **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.

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(Signature)

Name:

Date: