

GAMUDA GROUP POLICIES AND PROCEDURES MANUAL		
WHISTLEBLOWING POLICY AND PROCEDURE	Ref. No.:	GB-IGU-MAN-002
	Revision No.:	0
	Date:	28 July 2020
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Appendix 2

WHISTLEBLOWING REPORTING FORM

Name:		NRIC No.:	
Phone No.:		Email Address:	
GAMUDA Employee No.:		Department:	
Details of Allegation			
Person(s) Involved:			
Location:			
Date and Time:			
Incident/Details of Allegation:			
How Incident Was Detected:			
Evidence Available:			
Concern and/or Potential Impact of Allegation:			
Declaration:			
<p>I hereby declare that the information provided herein is true to the best of my knowledge and belief and I have made this disclosure voluntarily. I understand that GAMUDA Group will use the information provided for the investigation process.</p> <p>.....</p> <p>Name:</p> <p>Date:</p>			