CROESUS

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Please complete and send to legal@croesus.com.my

WHISTLE BLOWING FORM

A.	**DISCLOSURE DETAILS**	
1	**PARTY INVOLVED IN CONCERN RAISED**	
a.	Name of Alleged Wrongdoer	:
b.	Designation	:
c.	Division/Company	:
2	**DETAILS OF CONCERN** (You may use additional sheets if necessary)	
a.	Date / Time / Location	:
b.	Description of Concern	:
3	**SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS** (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary)	
a.	Witness	Name: Department:
b.	Supporting Evidence	
B.	**REPORTING TO OTHER PARTIES**	
1.	Have you raised your concern to any other person / department / authority? (Tick whichever applicable) Yes ☐ No ☐ If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made.	
C.	**PARTICULARS OF WHISTLEBLOWER** **(YOU ARE ENCOURAGED TO PROVIDE YOUR CONTACT DETAILS TO ENABLE US TO CONTACT YOU FOR FURTHER CLARIFICATION IF REQUIRED)**	
a.	Name	:
b.	Designation / Occupation	:
c.	Contact No	:
d.	E-mail Address	:
e.	Relationship with Croesus Group (if not Employee)	: