

Instruction

- 1. Please provide the following details **for Section 1 and Section 2** for any suspected malpractices or any breach or suspected breach of law or regulation that may adversely impact to Bank Pembangunan's Group.
- 2. Please follow the guideline as laid out in the "Whistleblowing Policy & Guideline".
- 3. Please **enclose completed** form in a sealed envelope **marked "Confidential"** and **mail** to any of the designated whistleblowing officers (DWO)* as follows:

Chairman of the Board Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur E-mail: BOD.WB@bpmb.com.my

Chairman, Group Audit & Examination Committee Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur E-mail: GAEC.WB@bpmb.com.my

Chairman, Group Risk Management Committee Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur E-mail: GRMC.WB@bpmb.com.my

Chairman, Credit Committee of the Board Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur E-mail: CCB.WB@bpmb.com.my

Chairman, Group Nominating and Remuneration Committee Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur E-mail: GNRC.WB@bpmb.com.my

Chief Compliance Officer Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur E-mail: CCO.WB@bpmb.com.my

Or email as "Confidential" this form as an attachment to the e-mail addresses above:

4. Please note that you may be called upon to assist in the investigation, if required.

Section 1: Suspect (s) / Witness (es) Information

SUSPECT (S) INFORMATION			
		Suspect 1	Suspect 2
Name	:		
Designation	:		
Function	:		
Contact Number	:		
Email Address	:		

WITNESS (ES) INF	(ES) INFORMATION (If any)				
		Witness 1	Witness 2		
Name	:				
NRIC	:				
Contact Number	:				
Home Address	:				
Email Address	:				

Section 2: Disclosure Report

Briefly describe the misconduct / improper activity and how you know about it. Specify **what**, **who**, **when**, **where and how***. If there is more than one allegation, number each allegation and use as many pages as necessary. You are encouraged attaching any evidences to support your disclosure.

	*	You	may use	the fo	ollowing	auestions to	o assist	your disclosure	report
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- 1. What misconduct / improper activity occurred?
- 2. Who did the misconduct / improper activity?
- 3. When did it happen and when did you notice it?
- 4. Where did it happen (function/location)?
- 5. Is there any evidence that you could provide us?
- 6. Are there any other parties involved other that the suspect sated above?7. Do you have any other details or information
- which would assist us in the investigation?8. Any other comments?

AFFIRMATION

I affirm that the above disclosure is true to the best of my knowledge, information and belief.

Signature

Date

REPORTER'S CONTACT INFORMATION (This section is compulsory to avoid anonymous)				
Name	:			
NRIC	:			
Contact Number	:			
Home Address	:			
Email Address	:			