



WHISTLEBLOWING FORM

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 BPMB Group.
2. Please follow the guideline as laid out in the “*Whistleblowing Policy*”.
3. Please **enclose completed** form in a sealed envelope **marked “Confidential”** and **mail** to any of the designated whistleblowing channels as follows:

| | |
|-----------|---|
| Channel 1 | Chairman of Board of Director (BOD) Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur bod.wb@bpmb.com.my |
| Channel 2 | Chairman of Board Audit Committee (BAC) Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur bac.wb@bpmb.com.my |
| Channel 3 | Management of BPMB Group (Heads of Functions and above) Menara Bank Pembangunan 1016 Jalan Sultan Ismail 50250 Kuala Lumpur |
| Channel 4 | External Independent Party (EIP) - For employees of BPMB Group only. Access: http://iaccess.bpg/pages/metro.aspx |

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.
5. Please call Financial Intelligence & Integrity at 0326113118/3122, if you need any clarification.

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

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

| WITNESS (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 following questions to assist your disclosure report.

- | | |
|---|---|
| 1. What misconduct / improper activity occurred? | 6. Are there any other parties involved other than the suspect stated above? |
| 2. Who did the misconduct / improper activity? | 7. Do you have any other details or information which would assist us in the investigation? |
| 3. When did it happen and when did you notice it? | 8. Any other comments? |
| 4. Where did it happen (function/location)? | |
| 5. Is there any evidence that you could provide us? | |

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

Section 3: Reporter's contact information (optional and subject to the level of anonymity)

| | | |
|----------------|---|--|
| Name | : | |
| NRIC | : | |
| Contact Number | : | |
| Home Address | : | |
| Email Address | : | |

Signature

Date