



**WHISTLEBLOWING FORM FOR REPORT OF IMPROPER CONDUCT  
BINTULU PORT HOLDINGS BERHAD**

**KINDLY PROVIDE THE FOLLOWING DETAILS AND SUBMIT DIRECTLY TO HEAD, GROUP INTERNAL AUDIT OF BINTULU PORT HOLDINGS BERHAD OR EMAIL TO: [whistle@bintuluport.com.my](mailto:whistle@bintuluport.com.my) OR CONTACT **086-291380****

**PRIVATE & CONFIDENTIAL**

<b>REPORT REFERENCE NUMBER</b>	
<b>DATE AND TIME</b>	

**A) PARTICULARS OF WHISTLEBLOWER**

NAME	
IC. NO.	
STAFF ID NO.	
DESIGNATION	
DEPARTMENT	
DIVISION	
COMPANY	
TELEPHONE NO. (HOME/OFFICE/MOBILE)	
E-MAIL ADDRESS	

**B) PARTICULARS OF ALLEGED PERSON**

NAME	
DESIGNATION	
DEPARTMENT	
DIVISION	
COMPANY	
TELEPHONE NO. (HOME/OFFICE/MOBILE)	
E-MAIL ADDRESS	

**C) PARTICULARS OF WITNESS(ES) (IF ANY)**

NAME		NAME	
DESIGNATION		DESIGNATION	
DEPARTMENT		DEPARTMENT	
DIVISION		DIVISION	
COMPANY		COMPANY	
TELEPHONE (HOME/OFFICE/MOBILE)		TELEPHONE (HOME/OFFICE/MOBILE)	
E-MAIL ADDRESS		E-MAIL ADDRESS	



**WHISTLEBLOWING FORM FOR REPORT OF IMPROPER CONDUCT  
BINTULU PORT HOLDINGS BERHAD**

**D) DETAILS OF IMPROPER CONDUCT / ALLEGATION**

**DATE :**

**TIME :**

**PLACE :**

**TYPE OF OFFENCES: BRIBERY/ CRIMINAL BREACH OF TRUST/ MISUSE AND ABUSE OF POWER/ GOVERNANCE/  
MISCONDUCT/ FALSE CLAIM/ OTHERS (PLEASE STATE) \_\_\_\_\_**

**IF MONEY INVOLVED, CAN YOU ESTIMATE THE AMOUNT: RM \_\_\_\_\_**

**ARE THERE ANY OTHER EMPLOYEES/THIRD PARTIES INVOLVED OTHER THAN THE PERSON(S) STATED ABOVE: YES / NO  
(IF ANY, PLEASE PROVIDE THE DETAILS OF THE SAID PERSON(S))**

**WHAT IMPROPER CONDUCT DID YOU OBSERVE / WITNESS? PLEASE EXPLAIN IN DETAIL.**

**ANY SUPPORTING EVIDENCE : YES / NO  
(IF ANY, PLEASE ENCLOSE IT WITH THIS REPORT FOR OUR FURTHER ACTION)**



**WHISTLEBLOWING FORM FOR REPORT OF IMPROPER CONDUCT  
BINTULU PORT HOLDINGS BERHAD**

**E) OTHER RELEVANT INFORMATION**

**F) DECLARATION BY WHISTLEBLOWER**

Pursuant to **WHISTLEBLOWER PROTECTION ACT 2010**, I declare the following:-

- I acknowledge and declare that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief;
- I am willing to assist in the investigation of improper conduct (if required);
- Prior to this report, I have not disclosed the subject matter of the complaint or any part thereof to any other person except to the following persons/authority: \_
- I shall notify any changes of my contact details to Head, Group Internal Audit of Bintulu Port Holdings Berhad as soon as possible;
- I am aware that it is an offence to provide false information/allegation with intention to disgrace the employee or company's image and reputation and/or to misuse the mechanism of whistleblowers system and disciplinary action could be taken against me or any other employee involved in the same.

Signature :

Name :

Date :



**WHISTLEBLOWING FORM FOR REPORT OF IMPROPER CONDUCT  
BINTULU PORT HOLDINGS BERHAD**

---

---

**FOR OFFICE USE ONLY**

Received by	
Date and Time received	
Appointed Officer Assigned for this report	
Screening and assessment conducted on/by	
Outcome of screening and assessment	
Investigation Required (Yes / No) (If No, please state the reason)	
Investigation Result	
Action Taken/ Conclusion	
Case Status (Active/Closed)	
Signed Off By	

**COPIES FOR RETENTION:-**

Original Form – Head, Group Internal Audit of Bintulu Port Holdings retention  
Duplicate Form – Whistleblowers retention