

SURIA KLCC Whistleblowing Form

Please provide sufficient information as accurate as possible to assist us in the Investigation of your disclosure.

A	WHISTLEBLOWER IDENTITY	
1.	Name: <i>(You may choose to be anonymous, but you are encouraged to disclose your identity)</i>	
2.	Email Address*:	
3.	Telephone/Mobile No.*:	
4.	Employee ID No.: <i>(For SURIA KLCC employees only)</i>	
5.	Position/Department: <i>(For SURIA KLCC employees only)</i>	
B	IDENTITY OF THE PERSON(S) INVOLVED IN THE SUSPECTED OR KNOWN IMPROPER CONDUCT	
1.	Name:	
2.	Position/Department:	
3.	Company:	
C	PARTICULARS OF THE SUSPECTED OR KNOWN IMPROPER CONDUCT	
1.	Date of Event*:	
2.	Time of Event*:	
3.	Venue and Place of Event*:	
4.	Details of suspected or known improper conduct*:	
5.	Please provide supporting documents such as photos, scanned documents, video and audio recordings (if available) to assist us in the Investigation, if any:	
6.	Other Information (if any):	

Note:

1. All fields marked with an asterisk (*) are mandatory to fill in.
2. if space given is insufficient, please submit the details in a separate document as attachment.

D DECLARATION OF THE WHISTLEBLOWER	
1.	I hereby declare that all information given herein is made in good faith and voluntarily to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that SURIA KLCC will use the information, document and material provided throughout the investigation process.
2.	I fully understand that by signing this Form, I will be entitled to whistleblower protection from the SURIA KLCC as set out in SURIA KLCC's Whistleblowing Procedures and Policy and the Whistleblower Protection Act 2010. I also fully understand that in the event I have made this disclosure maliciously or in bad faith, the whistleblower protection stated in SURIA KLCC's Whistleblowing Policy and the Whistleblower Protection Act 2010 will not be applicable to me.
<div style="border-top: 1px solid black; margin-top: 10px;"> (Signature of Whistleblower) Name as stated in page 1 </div> <div style="margin-top: 20px;"> Date: </div>	

Upon completion of the Whistleblowing form, kindly submit this form together with relevant supporting documents to the following reporting channels:

- a) Email to whistleblowing@suriaklcc.com.my
- b) In person to respective Head of Department, Head of Human Resource or Head of Integrity and Compliance
- c) In writing to Suria KLCC Sdn. Bhd. Head of Integrity & Compliance Department, Level 13 Menara Darussalam, 12, Jalan Pinang, 50450, Kuala Lumpur

E FOR OFFICE USE ONLY	
1.	Reference No.:
2.	Name of staff who received the Whistleblowing form:
3.	Date Whistleblowing form received:
4.	Remarks (If any):