



AME Elite Consortium Berhad
Whistleblowing Form

CONFIDENTIAL

FOR OFFICE USE	
Date	:
Ref No.	:
Received by	:

A. DISCLOSURE DETAILS			
1. PARTY INVOLVED IN CONCERN RAISED (You may use additional sheets for additional individuals if necessary)			
a.	Name of Party	:	
b.	Designation	:	
c.	Department / Company	:	
d.	Contact No.	:	Email Address :
e.	How do you know this person	:	
2. DETAILS OF CONCERN			
a.	Date / Time / Location	:	
b.	Description of Concern <i>(Briefly describe the improper conduct and how you know about it.)</i>	:	
3. SUPPORTING INFORMATION (Please attach supporting evidence to substantiate your disclosure)			
a.	Name of Witness	:	
b.	Designation	:	
c.	Department / Company	:	
d.	Contact No.	:	Email Address :
e.	Supporting Evidence	:	
B. REPORTING TO OTHER PARTIES			
<p>Have you raised your concern to any other person / department / authority? (Tick whichever is applicable)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state the person / department / authority the report was made or lodged and insert the date of the report. You may attach a copy of the report made.</p> <hr/>			

C. PARTICULARS OF WHISTLEBLOWER (You are required to provide your identity and contact details to enable us to contact you for further clarification if necessary)

a.	Name of Whistleblower	:		
b.	Designation / Occupation	:		
c.	Contact No.	:	Email Address	:
d.	Relationship with AME <i>(If not employee)</i>	:		

D. DECLARATION

I hereby declare that all information provided herein is made voluntarily and is true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I understand that AME Elite Consortium Berhad (“**AME**”) shall use the information and materials provided herein throughout the process.

(Signature)

Name:

Date: