



**AME Elite Consortium Berhad**  
**Whistleblowing Form**

**CONFIDENTIAL**

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

A. DISCLOSURE DETAILS			
<b>1. PARTY INVOLVED IN CONCERN RAISED</b> (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	:	
<b>2. DETAILS OF CONCERN</b>			
a.	Date / Time / Location	:	
b.	Description of Concern <i>(Briefly describe the improper conduct and how you do know about it.)</i>	:	
<b>3. SUPPORTING INFORMATION</b> (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 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> <p>_____</p>			

**C. PARTICULARS OF WHISTLEBLOWER** (You are encouraged 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 are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that AME Elite Consortium Berhad (“**AME**”) shall use the information and materials provided herein throughout the process.

\_\_\_\_\_  
(Signature)

Name:

Date: