



JOHAWAKI HOLDINGS SDN BHD
(Reg No:198401014134) (122690-K)

WHISTLEBLOWING FORM

A. Whistleblower Information *(optional)*

Full name			
Department			
Company Name			
Contact No		Email	

B. Details of individual(s) and/or entity involved in the allegation

Name of individual			
Designation			
Company Name			
Contact No		Email	
Preferred method of communication	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> In-person

C. Allegation details *(please provide as much details as possible to aid the investigation)*

Incident Date		Incident Time	
Incident Location			
Type of Allegation	<input type="checkbox"/> Abuse of power/position <input type="checkbox"/> Fraud <input type="checkbox"/> Bribery <input type="checkbox"/> Blackmail <input type="checkbox"/> Corruption <input type="checkbox"/> Criminal offences <input type="checkbox"/> Conflict of Interest	<input type="checkbox"/> Embezzlement (or theft) <input type="checkbox"/> Unauthorized use of money, properties or information <input type="checkbox"/> Failure to comply with legal and regulatory obligations <input type="checkbox"/> Others: _____	

Allegation details: (Please provide supporting documents if available. Please attach extra sheets if necessary.)

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D. Declaration

1. I confirm to the best of my knowledge that all the information stated herein is true, correct and complete.
2. I hereby agree that the information provided herein to be used and processed for investigation purposes
3. I hereby agree that the information provided herein may be forwarded to the Board Audit Committee of Johawaki Holdings Sdn Bhd or relevant authority for purposes of investigation or reporting of outcome of investigation.
4. I acknowledge that if I choose to remain anonymous, no whistleblower protection will be accorded to me under the Whistleblowers Protection Act 2010.

Signature of reporting person (optional)

Name (optional)

Have you lodged a complain on this matter to another person and/or department and/or authority?

Yes

No

If yes, please name the person and/or department and/or authority

Submit this form to whistleblowing@johawaki.com.my along with supporting documents (if any).

For office use only

Case No.:

Received by

Received on

Acknowledgement sent on

Investigation required

Yes

No

Not substantiated

Reason

Investigation Officer

Investigation result

Action taken/conclusion

Sign off by