

WHISTLEBLOWING POLICY

APPENDIX "A"

WHISTLEBLOWER FORM

(A) PARTICULARS OF COMPLAINANT:			
Name		Employee No. <i>(if applicable)</i>	
NRIC No.		Position <i>(if applicable)</i>	
Company <i>(if applicable)</i>		Department <i>(if applicable)</i>	
E-mail address		Contact No.	
Correspondence Address			
(B) PARTICULARS OF COMPLAINT:			
Name of person alleged of Improper Conduct			
Position <i>(if known)</i>		Department <i>(if known)</i>	
Relationship between you and the person alleged			
Are you personally affected by the Improper Conduct / Detrimental Action:	YES / NO		
If NO, please state the particulars of the person(s) affected by the Improper Conduct / Detrimental Action <i>(if applicable)</i>	Name:		
	Position <i>(if known)</i>		
	Department <i>(if known)</i>		
	Relationship between you and the person(s) affected		
Details of Allegation on the Improper Conduct / Detrimental Action <i>(use additional sheets if necessary)</i>	Date:		
	Time:		
	Place:		
	Estimated Value Involved:		
	Description / Particulars:		

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Have you previously made a Complaint of the Improper Conduct/Detrimental Action to any internal or external party or the authorities?	YES / NO		
If YES, please provide the following particulars	Complaint/File Reference No. <i>(if known)</i>		
	Name of party or authority receiving the complaint		
	Position <i>(if applicable)</i>		
	Department <i>(if applicable)</i>		
	Date the complaint was made		
	Current status of the complaint		
(C) DECLARATION			
<p>1. I have read and understand NADI Group’s Whistleblowing Policy and hereby declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief and is made in good faith and without any frivolous, malicious or vexatious intentions.</p> <p>2. I hereby agree that the information and/or documents provided herein to be used and processed for investigation purposes and further agree that the same may be forwarded to a department / authority / enforcement agency for purposes of investigation.</p>			
SIGNATURE :			
Name:			
Date:			
Notes to Complainant			
<p>(a) Please attach supporting documents / evidence, if any, to substantiate your report / disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary.</p> <p>(b) If spaces provided in this Form are not sufficient, please use a separate blank sheet.</p> <p>(c) You may submit the completed Form in any one of the following manners:</p> <p style="margin-left: 20px;">i. Via e-mail - Please send a scanned copy of the completed and signed form together with any supporting documents / evidence to: igu@nadimalaysia.com ; or</p> <p style="margin-left: 20px;">ii. Via post – Please submit the completed form, together with any supporting documents / evidence in a SEALED envelope marked PRIVATE & CONFIDENTIAL addressed to:</p> <p style="text-align: center; margin-left: 40px;">Integrity & Governance Unit (IGU) NATIONAL AEROSPACE & DEFENCE INDUSTRIES SDN BHD NADI Building, PT 192, Jalan Lapangan Terbang Subang 47200 Subang, Selangor Darul Ehsan</p>			
FOR OFFICE USE			
Date Received			
File Reference No.			
Received by		Date/Time	