

STRICTLY CONFIDENTIAL



## COMPLAINT/DISCLOSURE FORM

NOTE: PLEASE PROVIDE DETAILED INFORMATION AS MUCH AS POSSIBLE

COMPLAINANTS' INFORMATION																								
NAME:		OFFICE ADDRESS:																						
SIGNATURE / DATE	EMPLOYEE NO.	E-MAIL ADDRESS:																						
COMPANY/DEPARTMENT	DESIGNATION	PHONE NO.	MOBILE NO.	FAX NO.																				
INFORMATION CONCERNING THE COMPLAINT																								
<i>What is the major issue involved?</i> <input type="checkbox"/> Violations of Corporate Governance Rules <input type="checkbox"/> Financial and Procedural Malpractice <input type="checkbox"/> Violations of the Code of Discipline <input type="checkbox"/> Others (Please specify)																								
<i>What happened? (Please attach additional sheet(s) if necessary)</i>																								
<i>How did you know about the subject of the complaint(s)?</i> <input type="checkbox"/> Personal or direct knowledge <input type="checkbox"/> Others have told me about it <input type="checkbox"/> Others (Please specify)		<i>Please indicate the physical evidences/ documentations that may support your disclosure.</i> Documents attached: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%;">No. of Pages</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> </tbody> </table>				No. of Pages	1.		2.		3.													
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2.																								
3.																								
<i>Who is/are the person(s) involved? (Respondent/s) (Please attach additional sheets if necessary)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 25%;">DESIGNATION</th> <th style="width: 15%;">COMPANY</th> <th style="width: 20%;">DIVISION/GROUP/DEPT.</th> <th style="width: 15%;">NATURE OF INVOLVEMENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					NAME	DESIGNATION	COMPANY	DIVISION/GROUP/DEPT.	NATURE OF INVOLVEMENT															
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<i>Who is/are the possible Witness(es)? (Please attach additional sheets if necessary)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 25%;">DESIGNATION</th> <th style="width: 15%;">COMPANY</th> <th style="width: 20%;">DIVISION/GROUP/DEPT.</th> <th style="width: 15%;">NATURE OF INVOLVEMENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					NAME	DESIGNATION	COMPANY	DIVISION/GROUP/DEPT.	NATURE OF INVOLVEMENT															
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<i>When did the incident take place?</i> Date/Time/Frequency																								
<i>Since when has this been occurring?</i>		<i>Location of evidence:</i>																						
<i>How much is involved? Please provide an approximate figure.</i>																								
<i>Why are you making this disclosure? (Please attach additional sheet if necessary)</i>																								
DISCLOSURE HISTORY		PLEASE ADVISE ON HOW WE MAY CONTACT YOU																						
<i>Was the disclosure previously reported to a management level? If yes, to whom was it reported?</i>		<input type="checkbox"/> BY PHONE <input type="checkbox"/> THROUGH E-MAIL <input type="checkbox"/> OTHERS (SPECIFY)																						
<i>What do you think was the reason for lack of immediate action?</i>																								