

GROMUTUAL BERHAD GROUP - WHISTLE BLOWING FORM

Please follow the guideline as laid out in the Whistle Blowing Policy & Procedure and provide details of any suspected or actual misconduct or breach of law or regulation that may adversely impact our organization and submit this report to the designated persons as specified in the Whistle Blowing Policy.

| | Reporter | Suspect |
|---|----------|---------|
| Name | | |
| Position | | |
| Division / Department / Organisation | | |
| Your contact details (<i>Phone, emails etc</i>) <i>Reporter may be contacted to assist in the investigation, if required</i> | | |

| Details of Incident | |
|--|------------------|
| <i>Briefly describe the misconduct/improper activity and how you know about it. If there is more than one incident kindly number each incident and use as many pages as necessary.</i> | |
| Who committed the inappropriate conduct? | |
| When & where did it happen? | |
| Besides the suspect, were there others involved? Who were they? | |
| Are there witnesses to the incident and who are they? | |
| Evidence that you can provide which would assist the investigation <i>Attach as much evidence as you can. However, you need not obtain evidence that you do not have the right of access to. Leave that to the investigators.</i> | |
| Any other comments? | |
| | Signature & Date |

| For Office Use | |
|--|------------------|
| Date received | |
| Escalated to <i>(Name of investigator & Department, Contact Details)</i> | |
| Date responded to reporter | |
| Date matter investigated and results of enquiry <i>(Incident was found to be genuine, a valid misconduct or breach, false allegation, others)</i> | |
| Date reported to Board of Directors/Audit Committee etc | |
| Conclusion | Signature & Date |