

PART B: APPENDICES

Appendix I

Whistleblower Reporting Form

Strictly Confidential

(Note: You may choose to submit this report anonymously)

Person making this report (optional)

(If you do wish to remain anonymous, you may skip the following item).

Name _____

Department _____

Tel & fax no. _____

Email _____

Particulars of those involved in the allegation

Name of
Individual *(to
indicate "third
party" if the
person is not an
employee)*

Job title _____

Relationship to
the complainant
(optional)

Address _____

Tel & fax no. _____

Email _____

Details of Allegations

(Please fill in the details of what you wish to report below. Please try and provide as much details as possible as this will aid us in investigating your case).

How was the matter
discovered _____

Type of
transaction _____

Date of the
transaction _____

Amount involved _____

No. of individuals involved
(please name all
the people
involved) _____

Do you have any supporting evidence _____

Where is this evidence located _____

Is the evidence in danger of being lost or destroyed _____

Provide the evidence with your report or explain how to retrieve _____

Have you been told about this matter by someone else? _____

Who else knows this matter? _____

Do you have any concerns regarding reprisals or recriminatory action taken against you, if any? _____

Please include any other details which you believe are relevant _____

Signature of the reporting person (optional)

Date

Submit this form to the Designated Person,
Chief Executive Office, 23th Floor, Menara 1 Sentrum or
E-mail: takafulSIU@ammetlife.com