



DXN GROUP HR038V1 WHISTLEBLOWING FORM

PRIVATE AND CONFIDENTIAL

(*) Denotes mandatory field.

1. Please identify yourself by complete the following details*:

Are you employee of DXN Group?	Yes		No	
Name:				
Staff ID (For Employee Only):				
NRIC Number:				
Contact Number:				
Email Address:				
Position and Department(For Employee Only):				
What is the best time to communicate with you?*				
Are you willing to participate in the investigation process?*				

2. Details of Disclosure*

Please include details of the person(s) involved, nature of allegation, where and when the alleged improper conduct took place. (Use additional sheets if necessary)

3. Any other information (Use additional sheets if necessary)

4. Supporting Documents

Please state the supporting documents, evidences or witnesses to substantiate your disclosure (if any) to facilitate investigation. You may also attach the relevant documents to this form. (Use additional sheets if necessary)

5. Declaration*

I hereby declare that all the information furnished herein is provided voluntarily, and the report is made in good faith and is true to the best of my knowledge. I hereby understood that if this report is made maliciously, then I will be subjected to further action by the Company.

I do understand that DXN will use the information and materials provided strictly for the purpose of investigation process. I hereby acknowledge that by filing this form, I might be requested by the Company to assist in investigation.

Reported by:

(Signature)

Name :

Date :

Notes:

1. You are required to submit this form in a sealed envelope to Head of Department Group Human Resource.
2. You may email this form/ complaint to whistleblowing_abc@dxn2u.com.