



**PRIVATE AND CONFIDENTIAL**

**WHISTLE BLOWING DISCLOSURE FORM**  
*(All information is compulsory to be given)*

**Section A: Type of Disclosure**

Please tick (✓) the relevant box.

- ☐ Disclosure against Chairman of Labuan FSA
- ☐ Disclosure against Members of Authority
- ☐ Disclosure against Director-General
- ☐ Disclosure against All employees Below Director-General
- ☐ Disclosure against CEO of LIBFC Inc Sdn Bhd
- ☐ Disclosure against CEO of PESB

**Section B: Designated Officer Information**

To (DO's Name) : \_\_\_\_\_

Tel & Fax No. : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

**Section C: Complainant Information**

From (Full Name) : \_\_\_\_\_

Tel & Fax No. : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Organisation & Address: \_\_\_\_\_

**Section D: Nature and Description of Complaint**

(Explain in detail the nature of the disclosure of improper conduct of the employees of Labuan FSA and its subsidiaries which has been violated and details of complaint, if any)

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Date of occurrence : \_\_\_\_\_

Time of occurrence : \_\_\_\_\_

Signature : \_\_\_\_\_

**Section E: Remarks by Designated Officer**

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Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date received : \_\_\_\_\_

**Notes:**

- i. A person who wishes to make a disclosure is encouraged to report within ten (10) working days from the actual date of the incident.
- ii. The disclosure raised must be sent via mail or email to the Designated Officer.
- iii. All disclosures shall be dealt with in strict confidence.
- iv. Any disclosures lodged should not be to his/her disadvantage.