



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)

Date of occurrence : _____

Time of occurrence : _____

Signature : _____

Section E: Remarks by Designated Officer

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.