

REFERENCE NUMBER: \_\_\_\_\_

**FORM FOR REPORT OF IMPROPER CONDUCT**

<b>A. PERSONAL PARTICULARS OF WHISTLEBLOWER</b>							
1	Name:						
2	NRIC No. / Passport No. / Staff ID No.:						
3	Correspondence Address:						
4	<table border="1"> <tr> <td>Telephone No.:</td> <td>Home:</td> </tr> <tr> <td></td> <td>Office:</td> </tr> <tr> <td></td> <td>Mobile:</td> </tr> </table>	Telephone No.:	Home:		Office:		Mobile:
Telephone No.:	Home:						
	Office:						
	Mobile:						
5	E-Mail Address:						
6	Designation / Occupation:						
7	Company Name:						
8	Preferred method of communication <input type="checkbox"/> Mail <input type="checkbox"/> e-mail <input type="checkbox"/> telephone						
<b>B. INFORMATION OF TNGD GROUP EMPLOYEE(S) INVOLVED IN IMPROPER CONDUCT</b>							
	<b>Individual 1</b> <i>(*please attached the individual details if more than 2 person)</i>						
1(a)	Name of TNGD Group Employee:						
	TNGD Group Entity Name:						
	Designation / Position of said Employee in TNGD Group Entity Name:						
	How do you know this TNGD Group's employee?						
	<b>Individual 2</b>						
2(b)	Name of TNGD Group Employee:						
	TNGD Group Entity Name:						
	Designation / Position of said Employee in TNGD Group Entity Name:						
	How do you know this TNGD Group's employee?						

<b>C.</b>	<b>DETAILS OF IMPROPER CONDUCT</b>			
1	Date: Time: Place: Details of Improper Conduct: a) <i>*Please submit supporting documents if available</i> b) <i>*Please attach additional sheets if necessary</i>			
2	Have you lodged a complaint on this matter to another person / department / authority before?		(Cross X where applicable)	
			Yes:	No:
3	If YES, please indicate the person / department / authority that the report was lodged: (cross X where applicable)			
	(a) Police		<i>*Please attach a copy of the report made</i>	
	(b) Malaysian Anti-Corruption Commission		<i>*Please attach a copy of the report made</i>	
	(c) Bank Negara Malaysia		<i>*Please attach a copy of the report made</i>	
	(d) Others (please indicate the organisation)		<i>*Please attach a copy of the report made</i>	
4	Date report was made:			
5	Status of report made:			
<b>D.</b>	<b>PARTICULARS OF WITNESSES (IF ANY)</b>			
	<b>Witness 1</b> <i>(*please attached the witness details if more than 1 witness)</i>			
1	Name of Witness:			
2	NRIC No. / Passport No. / Staff ID No.:			
3	Correspondence Address:			
4	Telephone No.:		Home: Office: Mobile:	
5	E-Mail Address:			
6	Designation / Occupation:			
7	Company Name:			
8	Preferred method of communication	<input type="checkbox"/> Mail <input type="checkbox"/> e-mail <input type="checkbox"/> telephone		
<b>E.</b>	<b>DECLARATION</b>			
1	<input type="checkbox"/> I declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.			
2	<input type="checkbox"/> I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to a department / authority / enforcement agency for purposes of investigation.			
3	<input type="checkbox"/> I hereby acknowledge above report been done in good faith and not for my personal gain.			

4	<input type="checkbox"/> I hereby agree to the Privacy Policy stated in TNGD Group website. By submitting this form, I hereby agree that TNGD Group may collect, obtain, store and process my personal data provided in this form.
Signature:	
Name:	
Date:	
<b>E.</b>	<b>FOR OFFICE USE ONLY</b>
Record No.:	
Officer receiving this report:	
Date:	