**WHISTLEBLOWING FORM**

1. Please provide details for any suspected misconduct or Violations that may have been conducted with AHAM Capital. Please note that you may be called upon to assist the investigation, if required.
2. All fields are mandatory unless otherwise stated.
3. If you have any documents that can support your whistleblowing, please attach these documents when sending this form.

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| --- | --- | --- | --- |
| **PARTICULARS OF WHISTLEBLOWER**  *This section may be left blank if you wish to remain anonymous* | | | |
| Name: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | |
| Date Reported: | Click or tap to enter a date. | Contact No: | Click or tap here to enter text. |
| **DETAILS AND PARTICULARS OF THE SUSPECT** | | | |
| Name of Suspect: | Click or tap here to enter text. | Department: | Click or tap here to enter text. |
| Designation: | Click or tap here to enter text. | | |
| **DETAILS AND DESCRIPTIONS OF THE VIOLATIONS** | | | |
| Type of Violation: | Choose an item. | If others, please specify: | Click or tap here to enter text. |
| Date Occurred: | Click or tap to enter a date. | Location Occurred: | Click or tap here to enter text. |
| Description of Incident: | Click or tap here to enter text. | | |
| Documentary Evidence (if any) | Click or tap here to enter text. | | |
| **PARTICULARS OF WITNESSES OR POTENTIAL WITNESSES (IF ANY)** | | | |
| Name of Witness: | Click or tap here to enter text. | Contact No.: | Click or tap here to enter text. |
| Name of Witness: | Click or tap here to enter text. | Contact No.: | Click or tap here to enter text. |
| Name of Witness: | Click or tap here to enter text. | Contact No.: | Click or tap here to enter text. |
| Name of Witness: | Click or tap here to enter text. | Contact No.: | Click or tap here to enter text. |
| **OTHER INFORMATION**  *Please include any additional information that may help with the investigation* | | | |
| Click or tap here to enter text. | | | |