



APPENDIX 1: WHISTLEBLOWER REPORT FORM

INTERCONTINENTAL SPECIALTY FATS SDN. BHD. (62068-U) WHISTLEBLOWER REPORT FORM

Whistleblower Information *(If this is an anonymous report, please leave this segment blank)*

Name*	
Contact Number	
E-mail Address	

The following segment is intended for ISF Employees **only**

Position*		Branch/ Division/Company*	
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Please tick the box below

- I choose to be anonymous. *Please note that those particular with " * " may be left blank.,*
 I consent to having my information being disclosed if so required under any provision of law.

Nature of Complaint *(Please answer the following questions with as much details as possible)*

Who committed the alleged misconduct/ potential misconduct? (Name of party/ parties)	
What was/is the misconduct/ potential misconduct? (Please describe the misconduct)	
When did the alleged misconduct occur? (If it has already occurred)	
Where did the alleged misconduct occur? (If it has already occurred)	
Were there any other parties involved/ potentially involved in the misconduct? (Please name them)	
Do you have any other comments/ information that might help in the investigation?	
Please attach or provide any evidence available that might help in the investigation.	

Whistleblower's Responsibilities

Please tick the boxes below before proceeding

- I hereby declare that all the information provided above is given in good faith.
 I recognize that any attempt to wrongly accuse someone will open the whistleblower up for disciplinary action.

Date		Signature*	
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