WHISTLEBLOWING FORM

(*) Denotes mandatory field

A. PERSONAL PARTICULARS OF WHISTLEBLOWER				
Name*				
Employee No.* *(for employees only)*				
Designation				
Department				
Name of Employer*				
E-mail Address*				
Telephone No.*				
Correspondence Address*				
Preferred method of communication* *(Please tick the appropriate box)*	E-mail	Telephone	Letter	Interview
B. INFORMATION OF THE SUSPECT(S) INVOLVED IN THE MISCONDUCT *Please use additional sheet(s) if there are more than two suspects*				
Who is (are) the suspect(s)?* **Name of Suspect 1** *Who is involved?*				
Designation				
Department				
Company				
Relationship between Whistleblower and Suspect 1				
Name of Suspect 2 *Who is involved?*				
Designation				
Department				
Company				
Relationship between Whistleblower and Suspect 2				

C. DETAILS OF WITNESS(ES) WHO ARE ABLE TO CONFIRM THE MISCONDUCT (IF ANY) *Please use additional sheet(s) if there are more than two witnesses*	
Who is (are) the witness(es)? **Name of Witness 1**	
Designation	
Department*	
Company*	
Telephone No.	
E-mail Address	
Name of Witness 2* *Who is the witness?*	
Designation	
Department*	
Company*	
Telephone No.	
E-mail Address	
D. DETAILS OF THE MISCONDUCT *Briefly describe the misconduct and how you know about it. Specify who, what, where, when, why and how. If there is more than one allegation, number each allegation and use as many sheets as necessary.*	
What did the Suspect(s) do?* i. Nature of the Misconduct ii. Frequency of the Misconduct iii. Items or Material Involved *(i.e. Cash, Watch, etc.)* iv. Estimated or exact Amount Involved	
Where did it occur?* **(Place)**	
When did it occur?* **(Date and Time)**	
Why did it occur?	

How did it occur?		
Is there any documentary evidence? *Please describe the documentary evidence and attach a copy of evidence that you have already in your possession to this form. If you do not have them, please indicate where the documents can be found.*		
E. PREVIOUS REPORT TO LOCAL OR INTERNATIONAL AUTHORITIES, IF ANY		
Have you lodged a report of the Misconduct through any local or International Authorities? *(Tick the appropriate box)*	Yes	No
Report/ File Reference No.		
Name of Party of Authority Receiving the Report		
Position and Department		
Date of Report		
Status of Report *Please attach a copy of the report made to the internal or external party or authorities.*		
F. ADDITIONAL COMMENTS *Please use additional sheet(s) if necessary*		
Do you have any other details or information regarding the misconduct which would assist us in the investigation?		
G. DECLARATION OF GOOD FAITH*		

I hereby declare that all information given herein is made in good faith and voluntarily to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that TFA will use the information, document and material provided throughout the investigation process.

I further agree that the information provided herein may be forwarded to a department/ authority/ enforcement agency for purposes of investigation.

I fully understand that by signing this Form, I will be entitled to whistleblower protection from TFA as set out in TFA's Whistleblowing Program. I also fully understand that in the event I have made this report maliciously or in bad faith, the whistleblower protection stated in TFA's Whistleblowing Program will not be applicable to me and I may be subject to disciplinary or legal proceedings by TFA.

_____

(Signature)

Name:

Date:

H. FOR OFFICE USE ONLY	
Name of Designated Officer who received the Whistleblower report	
Date when Whistleblower report received by Designated Officer	
Case Reference No.	
Remarks/ Conclusion	