

# FORM for Disclosure of Improper Conduct

## PART A: PERSONAL PARTICULARS

Name  
(As per NRIC / :  
Passport)

Position :

Division / Department :

Staff No. :

Telephone No.  
(a) Office :  
(b) Home :  
(c) Handphone :

E-mail :

Preferred method of communication	Mail	<input type="checkbox"/>
	Email	<input type="checkbox"/>
	Telephone / SMS	<input type="checkbox"/>

## PART B: NATURE OF YOUR CONCERN

(Please Tick (/) the Relevant Box(es))

Commission of fraud,  
bribery, corruption  
and/or blackmail

Misuse of Confidential  
Information

Non-compliance with  
Company policies and  
breach of the  
Company's Code of  
Business Ethics

Insider Trading

Unauthorized, misuse  
or misappropriation of  
Company assets or  
funds

Financial Irregularity

Conflict of Interest

an act which may create a  
danger to the safety, lives  
and health of company  
assets and employees or

the public or the environment

Mismanagement and/or abuse of authority

An concealment or attempt to conceal malpractices

Breach of regulatory or legal obligation

Others

**PART C: INFORMATION ON UJ DIRECTORS / SENIOR MANAGEMENT / EMPLOYEE(S) INVOLVED IN THE IMPROPER CONDUCT**

C(1) **INDIVIDUAL 1**  
Name :  
Designation / Post within the Company :  
How do you know this person? :

C(2) **INDIVIDUAL 2**  
Name :  
Designation / Post within the Company :  
How do you know this person? :

C(3) **INDIVIDUAL 3**  
Name :  
Designation / Post within the Company :  
How do you know this person? :

**PART D: DETAILS OF IMPROPER CONDUCT**

D(1) DATE :

TIME :

PLACE :

- D(2) Details of improper conduct  
\*please submit supporting documents if available  
\*please attach additional sheets if necessary

- D(3) Have you lodged a complaint on this matter to another person / department / authority before?

**YES**

**NO**

If YES, please indicate the person / department / authority that the report was lodged:

(Cross X where applicable)

- |       |   |                          |   |
|-------|---|--------------------------|---|
| (i)   | Police                                    | <input type="checkbox"/> | <i>Please attach a copy of the report made</i>                          |
| (ii)  | Malaysian Anti-Corruption Commission      | <input type="checkbox"/> | <i>Please attach a copy of the report made</i>                          |
| (iii) | Securities Commission                     | <input type="checkbox"/> | <i>Please attach a copy of the report made</i>                          |
| (iv)  | Ministry of Finance                       | <input type="checkbox"/> | <i>Please attach a copy of the report made</i>                          |
| (v)   | Others (please indicate the organization) | <input type="checkbox"/> | <i>Name of organization<br/>Please attach a copy of the report made</i> |

Date of report made :

Status of report made :

### DECLARATION

1. I declare that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief and that the Form has been submitted in good faith.

2. 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.

Signature :

Name :

Date :

### For Office Use Only

Record No. :  
Officer receiving this report :  
Date :