## **Whistleblowing Form**

BAYAPAY SDN. BHD.	
Person involved in concern raised	
Name of alleged wrongdoer	
Designation Designation	
Department  Details of concern raised	
Date	
Time	
Location	
Description of incident or concern	
Supporting ovidence/information rela	stad to incident (Blasse include any supporting evidence to
<b>Supporting evidence/information related to incident</b> (Please include any supporting evidence to substantiate your disclosure and aid in the investigation. If necessary, you can use additional sheets for additional	
witnesses or supporting evidence)	
Witness (if any)	Name:
` ''	
	Department:
Any evidence related to the incident	
Location	
Whistleblower's details (You are encouraged to provide your contact information to enable us to contact you for	
further clarification, if necessary)	
Name	
Contact number	
Email address	
Declaration:	<u>L</u>
I have read and understood the Whistleblowing Policy. I affirm that all information submitted in this form is	
true and accurate to the best of my knowledge and agree to extend my full cooperation to the company in	
their investigation of my report or complaint.	
Name:	
Date:	
שמוכ.	