

Formerly known as Bank Islam Trust Company (Labuan) Ltd.

(Registration No.: LT0031)

# WHISTLEBLOWER DISCLOSURE FORM

## **Part I - Whistleblower**

|  |  |  |
| --- | --- | --- |
| Are you employee of Bank Islam Trust Ltd? | : | Choose an item. |
| Name | : | Click or tap here to enter text. |
| Identification Card No. / Passport No | : | Click or tap here to enter text. |
| Designation | : | Click or tap here to enter text. |
| Department/Company Name | : | Click or tap here to enter text. |
| Contact No. | : | Click or tap here to enter text. |
| Email Address | : | Click or tap here to enter text. |

## **Part II - Details of Allegation**

| Name of Person(s) Involved | : | Click or tap here to enter text. |
| --- | --- | --- |
| Designation of Person(s) Involved | : | Click or tap here to enter text. |
| Date Reported | : | Click or tap here to enter text. |
| Time Reported | : | Click or tap here to enter text. |
| Place of Alleged Misconduct | : | Click or tap here to enter text. |
| Nature of Alleged Misconduct | : | Click or tap here to enter text. |
| Details of Alleged Misconduct | : | Click or tap here to enter text. |
| **Part III – Witness’ Information** | | |
| Name of Witness (if any) | : | Click or tap here to enter text. |
| Identification Card No. / Passport No | : | Click or tap here to enter text. |
| Designation | : | Click or tap here to enter text. |
| Department/Company Name | : | :Click or tap here to enter text. |
| Contact No. | : | :Click or tap here to enter text. |
| Email Address | : | :Click or tap here to enter text. |

## **Part IV - Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | I declare that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief. | |  | 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 purpose of investigation. |  Whistleblower’s Signature: …………………. |