



Hektar Group Whistleblowing Form

A. PARTICULARS OF WHISTLEBLOWER

Name
(As per NRIC/ Passport) : _____

NRIC/ Passport no. : _____

* Employee no. : _____

* Designation : _____

* Department : _____

Correspondence address : _____

Contact number H/P: _____ Office: _____

Email address (if any) : _____

** For employees of Hektar Group only*

B. PARTICULARS OF ALLEGED WRONGDOER

Name of the Alleged
Wrongdoer committing
Improper Conduct : _____

Designation (if known) : _____

Department (if known) : _____

C. DETAILS OF THE IMPROPER CONDUCT

Is there any relationship between the
Whistleblower and Alleged Wrongdoer? Yes No Unknown
Please mark (X) where applicable

If Yes, please specify : _____

Was the improper conduct a one-time
incident that occurred recently? Yes No Unknown
Please mark (X) where applicable

Is the improper conduct an
ongoing issue? Yes No Unknown
Please mark (X) where applicable

Nature of the improper conduct – *Please mark (X) where applicable*

- Involvement in illegal or unlawful activities (e.g. fraud, corruption, bribery, theft, insider trading, blackmail, forgery, etc.)
- Conflict of interest
- Non-compliance to the Group's policies and procedures and/ or Code of Ethics and Conduct
- Contravention of an Act of Regulation
- Negligence
- Exposure of the Group or an individual to the risk of health and safety, including acts of sexual harassment
- Unauthorised or misuse of the Group's funds, assets and/ or facilities
- Disclosure of the Group's confidential information including products or service without proper authorisation
- Mismanagement and/ or abuse of position
- Concealment of any of the above
- Others, please specify:

Please specify further details on the occurrence of improper conduct below (if it has occurred):

Date of occurrence : _____

Time of occurrence : _____

Place of occurrence : _____

Comments (if any) : _____

Have you previously made a Disclosure/ Complaint of the Improper Conduct to any internal or external authorities?

Yes No

If Yes, please provide the following particulars:

Name of authority receiving the Disclosure/ Complaint : _____

Designation (if applicable) : _____

Department (if applicable) : _____

Date the Disclosure/
Complaint was made : _____

Status of the Disclosure/
Complaint (if known) : _____

D. WITNESS(ES)

Were there any other witnesses
to support the Improper Conduct? Yes No

If Yes, please specify the following particulars:

Name : _____	Name : _____
Designation : _____	Designation : _____
Department: _____	Department : _____
Contact no. : _____	Contact no. : _____
Email add. : _____	Email add. : _____

E. SUPPORTING DOCUMENTS

Do you have any documents to support
your concern? (If Yes, please attach)
Please mark (X) where applicable Yes No

F. OTHER COMMENTS

If you have any other comments, please comment below:

G. DECLARATION

- I hereby declare that all the information given herein are made voluntarily and true to the best of my knowledge.
- I understand that I will be entitled to the whistleblower protection from the Group as prescribed under **Paragraph 10.0** in the Group's Whistleblowing Policy.
- I understand that in the event I have made this Disclosure maliciously or in bad faith, the whistleblower protection prescribed under **Paragraph 10.0** will no longer be applicable to me and I may be subjected to disciplinary or legal proceedings by the Group.

Please forward this Whistleblowing Form together with any supporting documents to the following email:

whistleblowing@hektarreit.com