

FORM A**COMPLAINT OF IMPROPER CONDUCT****A PARTICULARS OF WHISTLEBLOWER**

Please note that complaint made anonymously may not be processed or investigated unless the concern/allegation made is of sufficiently serious nature as determined by the Whistleblower Hotline Committee (WHC).

“Improper Conduct” means any unethical behaviour, malpractices, illegal acts or any other wrongful or improper conduct within the Genting Group which if proved, constitutes a disciplinary offence or a criminal offence. This includes, without limitation, any actual, attempted or suspected bribery or corruption or non-compliance with the Genting Group’s anti-bribery and anti-corruption policies.

1.	Name		
2.	NRIC No.		
3.	Employee No.		
4.	Position		
5.	Department		
6.	Correspondence Address		
7.	Telephone No.	H/P:	Office:
8.	Email Address (if any)		

B PARTICULARS OF THE COMPLAINT

1.	Name of the person(s) complained of (if known)		
	Position (if known)		
	Relationship between Whistleblower and the person complained of		
2.	Are you personally affected by the Improper Conduct?	YES	NO
		If NO, please state the particulars of person(s) affected by the Improper Conduct:-	

		Name of the person affected by the Improper Conduct (if known)	
		Department (if known)	
		Position (if known)	
		Relationship between Whistleblower and the person complained of	
3	Particulars of Improper Conduct	Date: Time: Place: Particulars:	
4	Have you previously made a Complaint of the Improper Conduct to any internal or external parties or the authorities?	YES	NO
		If YES, please state : (i) Name of person receiving the Complaint (ii) Name of internal/external party /enforcement agency receiving the Complaint (iii) Date of Complaint made (iv) Status of the Complaint	

Note:

- Please attach supporting documents, if any.
- If the spaces provided are not sufficient, please use a separate blank sheet.
- Please submit the completed form in SEALED envelope and marked "PRIVATE AND CONFIDENTIAL" on the right hand corner of the sealed envelope.
- Please address the envelope to the following addressee:-

The Whistleblower Hotline Committee
Legal Department/ABCS Compliance Officer
24th Floor Wisma Genting
Jalan Sultan ismail
50250 Kuala Lumpur

C DECLARATION	
1	I hereby declare that all information provided in this Form is true and accurate.
2	I fully understand that by signing this Form, I will be entitled to whistleblower protection from Genting Berhad as set out in Genting Berhad's Whistleblower Policy.
3	I fully understand that in the event I have made this Complaint maliciously or in bad faith, the whistleblower protection contained in the Whistleblower Policy will no longer be applicable to me.
4	I consent to Genting Berhad disclosing, collecting, storing, processing and using the information provided, including my personal data for the purpose of investigating, reviewing and evaluating my complaint and taking any action in connection therewith, including without limitation, making a report to the relevant authorities, if required.
Signature: Name: Date:	

For WHC's Use

File Reference No : _____

Received by : _____

Date : _____

FORM B**REPORT OF DETRIMENTAL ACTION****A PARTICULARS OF WHISTLEBLOWER**

Please note that complaint made anonymously may not be processed or investigated unless the concern / allegation made is of sufficiently serious nature as determined by the Whistleblower Hotline Committee (WHC)

“Detrimental Action” means any reprisal action against a Whistleblower which shall include action causing injury, loss or damage; intimidation or harassment; interference with the lawful employment or livelihood of the Whistleblower, including discrimination, discharge, demotion, suspension, disadvantage, termination, adverse treatment in relation to the Whistleblower’s employment or the taking of disciplinary action; and a threat to take any of the above actions.

“Improper Conduct” means any unethical behaviour, malpractices, illegal acts or any other wrongful or improper conduct within the Genting Group which if proved, constitutes a disciplinary offence or a criminal offence. This includes, without limitation, any actual, attempted or suspected bribery or corruption or non-compliance with the Genting Group’s anti-bribery and anti-corruption policies.

1.	Name		
2.	NRIC No.		
3.	Employee No.		
4.	Position		
5.	Department		
6.	Correspondence Address		
7.	Telephone No.	H/P:	Office:
8.	Email Address (if any)		

B PARTICULARS OF THE DETRIMENTAL ACTION

1	Name of the person committing the Detrimental Action	
	Position (if known)	
	Relationship between Whistleblower and the person complained of	

Whistleblower Policy – Form B

2	Are you personally affected by the Detrimental Action?	YES	NO								
		<p>If NO, please state the particulars of person(s) affected by the Improper Conduct:-</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="722 315 1114 389">Name of the person affected by the Improper Conduct (if know)</td> <td data-bbox="1114 315 1418 389"></td> </tr> <tr> <td data-bbox="722 389 1114 443">Department (if known)</td> <td data-bbox="1114 389 1418 443"></td> </tr> <tr> <td data-bbox="722 443 1114 497">Position (if known)</td> <td data-bbox="1114 443 1418 497"></td> </tr> <tr> <td data-bbox="722 497 1114 602">Relationship between Whistleblower and the person(s) complained of</td> <td data-bbox="1114 497 1418 602"></td> </tr> </table>		Name of the person affected by the Improper Conduct (if know)		Department (if known)		Position (if known)		Relationship between Whistleblower and the person(s) complained of	
Name of the person affected by the Improper Conduct (if know)											
Department (if known)											
Position (if known)											
Relationship between Whistleblower and the person(s) complained of											
3	Particulars of Detrimental Action	<p>Date:</p> <p>Time:</p> <p>Place:</p> <p>Particulars:</p>									
4	Have you previously made a complaint of the Improper Conduct or report of Detrimental Action to any internal or external parties or the authorities?	YES	NO								
		<p>If YES, please state:</p> <p>(i) Complaint/Report: File reference no.</p> <p>(ii) Particulars of other third party(ies): Name of person receiving the Complaint/Report: Name of internal or external party or the authorities receiving the Complaint/Report: Department (if applicable): Position (if applicable): Date of Complaint/Report:</p> <p>(iii) Status of Complaint/Report:</p>									

Whistleblower Policy – Form B

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3	I fully understand that in the event I made this Report of Detrimental Action maliciously or in bad faith, the whistleblower protection contained in the Whistleblower Policy will no longer be applicable to me.
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Signature: Name: Date:	

For WHC's Use

File Reference No :

Received by :

Date :