SALIHIN THINK DIFFERENTLY	SALIHIN International	Document No: PO – WHISTLEBLOWING – 01/ Appendix I	
Title **Whistleblowing Form**		Revision No: **0**	Effective Date: **16 April 2026**

STRICTLY CONFIDENTIAL

Please complete this form for any disclosure relating to suspected improper conduct, misconduct, fraud, corruption, policy violations, or any inadequacies in SALIHIN's Anti-Bribery and Corruption (ABC) programme.

1. WHISTLEBLOWER INFORMATION

Name	
Company / Department	
Position	
Contact No. / Email	

Anonymous Disclosure: ☐ Yes ☐ No

2. PERSON(S) INVOLVED

Name of Person(s)	
Position / Department	
Relationship to SALIHIN	

3. TYPE OF IMPROPER CONDUCT

☐ Fraud ☐ Bribery / Corruption ☐ Abuse of Power ☐ Theft / Misappropriation ☐ Breach of Company Policy	☐ Misuse of Company Assets ☐ Health & Safety Violation ☐ Inadequacies in ABC Program ☐ Other: _____

4. DETAILS OF INCIDENT

Date of Incident	
Time	
Location	

Description of Incident:

5. SUPPORTING EVIDENCE

☐ Emails

☐ Messages / Chats

☐ Financial Documents

☐ Photos / Videos

☐ Witness Statements

☐ Other: _____

Details / Attachment List:

_____

_____

6. DECLARATION

I hereby declare that the information provided in this report is true and made in good faith.

Signature	
Name	
Date	

SUBMISSION CHANNEL

Email Submission: whistleblowing@salihin.com.my

Physical Submission: Place completed form in a sealed envelope marked **"STRICTLY CONFIDENTIAL – WHISTLEBLOWING REPORT".**

FOR OFFICIAL USE ONLY

Reference No.	
Date Received	
Received By	
Status	☐ Open ☐ Under Investigation ☐ Closed