

Appendix WB1 : WHISTLEBLOWING FORM

		REFERENCE NUMBER:
A. DISCLOSURE DETAILS		
1 PARTY INVOLVED IN CONCERN RAISED		
a.	Name of Alleged Wrongdoer	:
b.	Designation	:
c.	Division/Company	:
d.	How do you know this person?	
2 DETAILS OF CONCERN (You may use additional sheets if necessary)		
a.	Date / Time / Location	:
b.	Description of Concern	
3 SUPPORTING INFORMATION TO ASSIST INVESTIGATIONS (Please attach supporting evidence to substantiate your disclosure and assist in investigation. You may use additional sheets for additional witnesses or supporting evidence if necessary)		
a.	Witness	Name: Department:
b.	Supporting Evidence	
B. REPORTING TO OTHER PARTIES		
1.	Have you raised your concern to any other person / department / authority? (Tick whichever applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the person/department/authority the report was made/lodged and insert the date of the report. You may attach a copy of the report made.	
C. PARTICULARS OF WHISTLEBLOWER (YOU ARE ENCOURAGED TO PROVIDE YOUR CONTACT DETAILS TO ENABLE US TO CONTACT YOU FOR FURTHER CLARIFICATION IF REQUIRED)		
a.	Name	:
b.	Designation / Occupation	:
c.	Contact No	:
d.	E-mail Address	:
e.	Relationship with TradeVSA (if not Employee)	: