## Whistleblowing Form

Full Name
Department
E-mail
Phone Number
Date of Incident or Information Receiving
Location of Incident
Involved Department
Name of Involved Persons
1
2
3
4
5
Details of the Incident

Note: The whistleblowers will be contacted by the recipient of the report to provide updates and to confirm if there is sufficient information for the Company to investigate within the timeframe specified in the whistleblowing measure. Whistleblowers who choose to report anonymously or without phone number will not be contacted. Those who submit false reports or intentionally cause harm to others' reputation and credibility will face disciplinary action and may be prosecuted according to the law.