

# Whistleblower Reporting Form

Strictly Confidential

(Note: You may choose to submit this report anonymously)

## Person making this report (optional)

*(If you do wish to remain anonymous, you may skip the following item).*

Name \_\_\_\_\_

Division \_\_\_\_\_

Tel & fax no. \_\_\_\_\_

Email \_\_\_\_\_

## Particulars of those involved in the allegation

Name of Individual (to indicate "third party" if the person is not an employee) \_\_\_\_\_

Job title \_\_\_\_\_

Relationship to the complainant \_\_\_\_\_

Address \_\_\_\_\_

Tel & fax no. \_\_\_\_\_

Email \_\_\_\_\_

## Details of Allegations

*(Please fill in the details of what you wish to report below. Please try and provide as much details as possible as this will aid us in investigating your case).*

Type of transaction \_\_\_\_\_

Date of the transaction \_\_\_\_\_

Amount involved \_\_\_\_\_

No. of individuals involved \_\_\_\_\_

Other information \_\_\_\_\_

## Description of reason for suspicion

*(Please fill in the details of what you wish to report below. Please try and provide as much details as possible and any supporting documentation as this will aid us in investigating your case).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
Signature of the reporting person  
(optional)

**x**

\_\_\_\_\_  
Date

Submit this form to the Whistleblower Investigations Officer,  
Compliance Department, 24th Floor, Menara 1 Sentrum  
E-mail: [localSIU@ammetlife.com](mailto:localSIU@ammetlife.com)