SURUHANJAYA SYARIKAT MALAYSIA
COMPANIES COMMISSION OF MALAYSIA

INTERNAL WHISTLEBLOWER FORM
COMPANIES COMMISSION OF MALAYSIA

REFERENCE NO.:

Please complete this form.

Are you an SSM Officer?*	Yes		No	
Do you wish to disclose your identity?*	Yes		No	
If yes, please complete the following details:				
Name* :				
Identity Card (IC) No.* :				
Email* :				
Phone No.* :				
Division/Section/State/Branch (if SSM Officer)* :				
Correspondence Address* :				
What is the best time to contact you?				

Please state the nature of the incident or issue.	Financial	
	Harassment	
	Safety	
	Others (please specify)	

1. Please describe the incident or issue.

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REFERENCE NO.:

2. Where did the incident or issue occur? Please provide details.
3. When did the incident or issue occur? Please provide details.
4. Why did the incident or issue occur? Please provide details.
5. How did the incident or issue occur? Please provide details.

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Please state the name(s) of the individual(s) and/or group(s) within SSM who committed the alleged improper conduct:			
Name 1 :			
Designation/Position :			
Division/Section/ State/Branch :			
Name 2 :			
Designation/Position :			
Division/Section/ State/Branch :			
If money is involved, please estimate the amount.		Yes	No
Less than RM100			
RM101 to RM500			
RM501 to RM1,000			
RM1,001 to RM5,000			
RM5,001 to RM10,000			
More than RM10,001			
How did you become aware of the alleged improper conduct? (e.g., personal observation, informed by a third party, document review, etc.)			

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Are there any other individual(s) you suspect may be involved?		No	Yes
Do you suspect Top Management is involved?		No	Yes
Have you informed your Supervisor/Head of Department/Top Management or any other party?		No	Yes
Can you identify other witnesses involved?		No	Yes
Name of witness(es) :			
Designation :			
Division/Section/ State/Branch :			
Phone No. :			
Have you discussed this incident or issue with anyone?		No	Yes
Name of the individual:			
Designation :			
Division/Section/ State/Branch :			
Phone No. :			

Acknowledged by Whistleblower:

…….

Name :

Identity Card (IC) No. :

Date :

Acknowledged by Authorised Officer:

……..

Name :

Identity Card (IC) No. :

Date :

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Instructions:

1. Please complete and submit this form by hand to:

   Senior Manager
   Integrity and Discipline Section
   Companies Commission of Malaysia
   Level 30, Menara SSM @ Sentral
   No. 7, Jalan Stesen Sentral 5
   Kuala Lumpur Sentral
   50623, Kuala Lumpur.

2. This form can also be emailed to **whistleblower@ssm.com.my**.

3. Items marked with an asterisk (*) are **mandatory** fields required for the purpose of obtaining protection under this Policy.

4. Please submit supporting documents (if any).

5. If space is insufficient, please use additional sheets.