**WHISTLEBLOWING REPORT FORM**

This Form is available on the Myint & Associates Co., Ltd. Intranet Web Portal for any Whistleblowers to raise any concerns related to the public interest as mentioned in the objective of the Whistleblowing Policy by all employees including interns and casual labours of the organization who have concerns about misconduct or wrongdoing.

Please provide the following details for any suspected or actual misconduct or any breach or suspected breach of law or regulation that may adversely impact the
Myint & Associates Co., Ltd. Please note that you may be called upon to assist in the investigation, if required.

Please make sure to provide specific and relevant information in the compulsory areas marked with (\*).

**1. Whistleblower’s Information**

 (This section may be left blank if the Whistleblowers wish to remain anonymous)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position** |  |
| **Department** |  | **E-Mail Address** |  |
| **Home Address** |  | **Contact Number** |  |

**2. Suspect’s Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name \*** |  | **Position \*** |  |
| **Department \*** |  | **E-Mail Address** |  |
| **Home Address** |  | **Contact Number** |  |

**3. Witness’s Information (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Position**  |  |
| **Department**  |  | **E-Mail Address** |  |
| **Home Address** |  | **Contact Number** |  |

**4. What was / is the suspected incident or activity? \***

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**5. Who is the suspect? \***

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**6. When did the suspicious activity occur? \***

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| **---------------------------------------------------------------------****Is it****Ongoing? Finished? Frequently?** |

**7. Is the suspicious activity? \***

|  |
| --- |
| **(a) Internal?** **(b) Associated with External?**  |
| **If it is (a), mention the department(s) and areas involved.** |  |
| **If it is (b), mention the business or organization’s name.** |  |

**8. Are / Were there any affiliates or associates involved along with the suspect? \***

|  |
| --- |
|  **Yes No****If Yes,** **Within the Organization? Mention associates’ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Outside the Organization? Mention organization’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**9. Are there evidence documents to attach as proof for the report / allegation? \***

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|  **Yes**  **No** **If “yes”, please attach evidence documents** |

**10. Are there any existing law or organization’s policy to support the report / allegation? (If applicable / available) \***

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| --- |
|  **Yes**  **Unknown** **No**  |
| **If “Yes”, please mention the law or policy as reference:** |

**11. What do you think is the motive of the suspect for committing the suspicious activity?**

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**12. What do you think are the personal benefits and self-interest for the suspect or suspect and his / her associates?**

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| --- | --- |
| **Date:** | **Signature:** |