



WHISTLEBLOWING FORM

You should raise any concerns about any improper conduct or wrongful act that is committed within MBSB. Any anonymous or unsigned form will not be entertained. MBSB reserves the right not to investigate any concerns which are raised anonymously or found to be false.

Please complete the form by providing the following information:

YOUR RELATIONSHIP WITH MBSB	Please tick all applicable: Customer : <input type="checkbox"/> Employee : <input type="checkbox"/> Employee ID: _____ Others : <input type="checkbox"/> Please specify your relationship: _____
------------------------------------	--

TYPE OF FACILITIES (FOR CUSTOMERS)	Please tick all applicable types: Saving Account : <input type="checkbox"/> Fixed Deposits : <input type="checkbox"/> Mortgage Loan : <input type="checkbox"/> Corporate Loan : <input type="checkbox"/> Others : <input type="checkbox"/> Please indicate MBSB's products/services which are offered to you: _____
---	---



MALAYSIA BUILDING SOCIETY BERHAD 511740
A Subsidiary of the EPF
Your Financial Provider

CONTACT DETAILS	Name :
	Address :
	Telephone :
	Email :

<p style="text-align: center;">DETAILS OF YOUR CONCERNS (please provide as much information as possible)</p>
<p style="text-align: center;">DESCRIPTION OF INCIDENT: (use additional information sheet, if necessary)</p>
PLACE OF INCIDENT:
DATE OF INCIDENT:
NAME AND POSITION OF PERSON(S) INVOLVED:
DETAILS OF ANY WITNESS(ES):
WAS THE INCIDENT REPORTED TO ANY AUTHORITIES? IF YES, PLEASE GIVE DETAILS:
SUPPORTING DOCUMENT(S) ATTACHED (please tick)? Yes : <input type="checkbox"/> No : <input type="checkbox"/>