WHISTLEBLOWER FORM

You should raise any genuine concerns about any improper conduct or wrongful act ("Improper Conduct") in relation to Hong Leong Islamic Asset Management Sdn Bhd ("HLISAM") and/or any person associated with HLISAM through IndDirector@hlisam.hongleong.com.my. Concerns on your personal position or your employment, should be raised through HR grievance procedures, and not through this Whistleblower Form.

grievance procedures, and not th	nough this whisteen wer rollin.		
YOUR FULL NAME			
NAME OF YOUR EMPLOYER			
YOUR STAFF ID (if an employee of HLISAM)			
YOUR DEPARTMENT			
YOUR POSITION / DESIGNATION			
YOUR CONTACT DETAILS	Address:	Telephone: Email:	
	DETAILS OF YOUR	CONCERNS	
DESCRIPTION OF IMPROPER CONE (use the additional information shee			
WHERE DID THE IMPROPER COND	UCT OCCUR?		
WHEN DID THE IMPROPER CONDU	JCT OCCUR?		
NAME AND POSITION OF PERSON	I(S) INVOLVED:		
DETAILS OF ANY WITNESS(ES):			
DID YOU REPORT THE IMPROPER	CONDUCT TO ANY AUTHORITIES? II	YES, PLEASE GIVE DETAILS:	
UPPORTING DOCUMENT(S) ATTAC	HED (Please tick)? Yes	No 🔲	

ADDITIONAL INFORMATION SHEET			
ANY ADDITIONAL	INFORMATION:		
Provide any furthe mpact to the com	er details you think may be relevant, for example, whether you approached the person(s) conc pany, etc.	erned, any financial	