

WHISTLEBLOWER FORM

You should raise any genuine concerns about any improper conduct or wrongful act ("Improper Conduct") involving HLA Holdings Sdn Bhd ("HLAH") and/or any person associated with HLAH through whistleblowing-hlah@hla.hongleong.com.my. Concerns on your personal position or your employment, should be raised through HR grievance procedures, and not through this Whistleblower Form.

	T			
YOUR RELATIONSHIP WITH HLAH	Please tick all applicable: Employee: Non-Employee:			
		onship. Please include your employer provides services to or relationship with HLAH.		
YOUR FULL NAME				
NAME OF YOUR EMPLOYER				
YOUR STAFF ID				
(if an employee of HLAH)				
YOUR DEPARTMENT				
YOUR POSITION / DESIGNATION				
YOUR CONTACT	Address:	Telephone:		
DETAILS		Email:		
	DETAILS OF YOUR CO			

	IPTION OF IMPROPER CONDUCT: e additional information sheet, if necessary)
WHERE	E DID THE IMPROPER CONDUCT OCCUR?
WHEN	DID THE IMPROPER CONDUCT OCCUR?
NAME	AND POSITION OF PERSON(S) INVOLVED:
DETAII	LS OF ANY WITNESS(ES):
	OU REPORT THE IMPROPER CONDUCT TO ANY AUTHORITIES? IF YES, E GIVE DETAILS:
SUPPO	RTING DOCUMENT(S) ATTACHED (Please tick)? Yes No

ADDITIONAL INFORMATION SHEET

Provide any further details you think may be relevant, for example, whether you approached the person(s) concerned, any financial impact to HLAH, etc.						