A. PARTICULARS OF WHISTLEBLOWER

Please note that a disclosure made anonymous may not be processed or investigated unless the concern/allegation made is of sufficiently serious nature as determined by the Whistleblower Committee.

"Improper Conduct" means any unethical behavior, malpractice, illegal act or any other wrongful or improper conduct, which if proven, constitutes disciplinary offence or a criminal offence.

1.	Name		
2.	NRIC No		
3.	Employee No (if applicable)		
4.	Position (if applicable)		
5.	Department (if applicable)		
6.	Correspondence Address		
7.	Telephone No	H/P:	Office:
8.	Email Address (if any)		
В.	PARTICULARS OF THE DISCLOSURE		
1.	Name of alleged person		
	Position (if known)		
	Department/Division (if known)		
	Relationship between Whistleblower and the person complained of committing the improper conduct, if applicable.		
		YES	NO
2.	Are you personally affected by the improper conduct?	If NO, please state the par affected by the improper c	rticular of person(s)
		Name of person affected	

		Position	
		Department/Division	
		Relationship between Whistleblower and the affected person(s), if applicable.	
3.	Particulars of improper conduct	Date:	
		Time:	
	Place:		
		Particulars:	
4.	Have you previously made a	YES	NO
	disclosure of the improper conduct to any internal or	If YES, please provide the t	following particulars.
	external party or the authorities?	Disclosure File Ref No. (if known)	
		Name of party or authority receiving the disclosure	
		Position (if applicable)	
	Department (if applicable)		
		Date of disclosure made	
		Status of the disclosure	
C.	DECLARATION		
1.	I hereby declare that all the information provided in this Form is true and accurate.		
2.	I fully understand that by signing this Form, I will be entitled to whistleblower protection from MIA as set out in the MIA's Whistleblower Policy.		

3.	I fully understand that in the event I have made this disclosure maliciously or in bad faith, the whistleblower protection in the MIA's Whistleblower Policy will no longer be applicable to me and I may be subjected to disciplinary or legal proceedings by MIA.	
Signature:		
Name:		
Date:		

Note:

- i. Please attach supporting documents, if any.
- ii. If the spaces provided in this Form are not sufficient, please use a separate blank sheet.
- iii. Please submit the completed Form in a SEALED envelope and marked "PRIVATE AND CONFIDENTIAL" on the right-hand corner of the sealed envelope.
- iv. Please address the envelope to the following addressee:

The Secretariat of Whistleblower Committee Malaysian Institute of Accountants Dewan Akauntan Unit 33-01, Level 33 Tower A The Vertical Avenue 3, Bangsar South City No. 8 Jalan Kerinchi 59200 Kuala Lumpur.

For Secretariat's Use		
File Reference No		
Received by		
Date		