



WHISTLEBLOWING FORM

Please provide the following details for any suspected serious misconduct or any breach or suspected breach of law or regulation that may adversely impact the Company and email to speakup@topmixhpl.com. Please note that you may be called upon to assist in the investigation, if required.

Note: Please follow the guidelines as laid out in the Whistleblowing Policy.

REPORTER'S CONTACT INFORMATION (This section may be left blank if the reporter wish to remain anonymous)	
NAME *	
IC NO./PASSPORT NO. *	
DESIGNATION	
DEPARTMENT/AGENCY	
CONTACT NUMBER	
E-MAIL ADDRESS *	
SUSPECT'S INFORMATION	
NAME *	
DESIGNATION	
DEPARTMENT/AGENCY *	
CONTACT NUMBER	
E-MAIL ADDRESS	
WITNESSES'S INFORMATION (if any)	
NAME	
DESIGNATION	
DEPARTMENT/AGENCY	
CONTACT NUMBER	
E-MAIL ADDRESS	
COMPLAINT: Briefly describe the misconduct / improper activity and how you know about it. Specify what, who, when, where and how. If there is more than one allegation, number each allegation and use as many pages as necessary.	
1. What misconduct / improper activity occurred?*	
2. Who committed the misconduct / improper activity?*	
3. When did it happen and when did you notice it?*	
4. Where did it happen?*	



5. Is there any evidence that you could provide us?	
6. Are there any other parties involved other than the suspect stated above?	
7. Do you have any other details or information which would assist us in the investigation?	
8. Any other comments?	
DECLARATION	
a) <i>I declare that that all information provided in this Form is true, correct and complete to the best of my knowledge, information and belief.</i>	
b) <i>I hereby agree that the information provided herein to be used and processed for investigation purposes and further agree that the information provided herein may be forwarded to a department / authority / enforcement agency for purposes of investigation.</i>	
Date:	Signature:

FOR OFFICE USE	
Date	:
Ref No.	:
Received by	: