BANK NEGARA MALAYSIA
CENTRAL BANK OF MALAYSIA

# WHISTLEBLOWING FORM

## IMPORTANT NOTICE

1. Please ensure that you are filling in the correct form as this is intended for the **Director of LINK and BNM Offices**;
2. Any person who chooses to remain **anonymous** is advised that no whistleblower protection will be accorded;
3. Contact details, if provided under **Part A and B** (optional), should be **reachable**;
4. **Part C to Part G** (mandatory) of this form must be filled in completely;
5. We can only process the complaint if the information provided to us is **true, accurate and complete**; and
6. Email this form with the supporting documents to **directorlink_wb@bnm.gov.my**.

| **A. PERSONAL DETAILS** | | | |
|---|---|---|---|
| Name as per MyKad/Passport: | | | |
| MyKad / Passport No.: | | Citizenship: | |
| Gender: | Please select one | Phone No.: | |
| Address: | | Email: | |

| **B. EMPLOYMENT DETAILS** | | | |
|---|---|---|---|
| Employer: | | Phone No.: | |
| Address: | | Email: | |

| **C. ENTITY INVOLVED** *(if the alleged person is an entity including a company, sole proprietorship, partnership etc)* | | | |
|---|---|---|---|
| Name of entity: | | | |
| Entity Registration No.: | | Nature of Operation: | |
| Address: | | | |

| **D. INDIVIDUAL(S) INVOLVED** *(if the alleged person is individual)* | | | |
|---|---|---|---|
| Full Name (1): | | Relationship: | |
| MyKad /Passport No.: | | Designation: | |
| Address: | | Phone No.: | |

| | | | |
|---|---|---|---|
| Full Name (2): | | Relationship: | |
| MyKad /Passport No.: | | Designation: | |
| Address: | | Phone No.: | |

| | | | |
|---|---|---|---|
| Full Name (3): | | Relationship: | |
| MyKad /Passport No.: | | Designation: | |
| Address: | | Phone No.: | |

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| **E. DISCLOSURE** *(BNM's ability to investigate is limited to the extent of the contents of the report received and should be within BNM's purview)* | |
|---|---|
| Type of Improper Conduct: | Please select one |

Incident Details:

Date: Time: ☐AM ☐PM Location:

*Please describe the incident below in detail.*

Do you have any evidence in the form of printed or handwritten documents, or digital storage media in any form related to this disclosure? Please tick where applicable.

☐ No

☐ Yes, the following are attached and/or provided with this form:
*Evidence(s) and supporting document(s) of similar file type can be grouped together.*

a. _____

b. _____

c. _____

d. _____

e. _____

If you are claiming the protection under the Whistleblower Protection Act 2010 (WPA 2010), you must furnish all the details requested under **Part A** above.

☐ Yes, I require protection under the WPA 2010 and have provided all the required details.

☐ No, I do not require protection under the WPA 2010.

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**F. SHARING OF INFORMATION** *(please indicate should information of the report had been shared beyond BNM)*

Have you lodged complaint(s) or made whistleblowing report(s) regarding this improper conduct **to any other enforcement agency**? Please tick where applicable

*(Including e.g., ministry, government agencies or any other statutory/regulatory authority with investigation and enforcement powers).*

☐ No

☐ Yes, I have lodged complaint(s) or made whistleblowing report(s) with *(please provide details)*:

| | | | |
|---|---|---|---|
| Name of the Officer: | | | |
| Phone No.: | | Email : | |
| Enforcement Agency: | | Date of the Report: | |

*Please provide updates on the status of your report below with relevant attachment(s).*

Apart from the above, have you disclosed any information regarding the improper conduct **to any other person?** Please tick where applicable

*(e.g., complaint/whistleblowing channel of a financial institution, media, family members, friends, business associates, or colleagues).*

☐ No

☐ Yes (Please tick where applicable and provide details of information disclosed):

☐ Complaint/Whistleblowing Channel of Non-enforcement Agency

_____

☐ Media

_____

☐ Family Member(s)/Friend(s)

_____

☐ Business Associate(s)/Colleague(s)

_____

☐ Others

_____

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**G. DECLARATION** *( Please ensure you understand the following and all check boxes are ticked prior to submission)*

- ☐ I confirm to the best of my knowledge that all information stated herein is true.
- ☐ I accept that Bank Negara Malaysia (BNM) has the right to revoke any protection conferred under WPA 2010.
- ☐ I declare that prior to this disclosure, I have not disclosed the subject matter of the improper conduct or any part thereof to any other person except to the person(s) disclosed under Part F of this form.
- ☐ I acknowledge to have read BNM's Whistleblowing Policy (the Policy) as published at Whistleblowing Policy - Bank Negara Malaysia (bnm.gov.my), and understand the disclosure stated herein falls within the scope of the **Director of LINK and BNM Offices (directorlink_wb@bnm.gov.my)** to act upon, as sets out in the Policy.
- ☐ I agree to maintain confidentiality of all such information that has been disclosed to BNM, including any part thereof at all times, and shall not for any reasons whatsoever, disclose any information pertaining to this disclosure to any other person after disclosing to the **Director of LINK and BNM Offices** or his/her representatives from BNM.
- ☐ I understand and accept that any disclosures made to any other person relating to information pertaining to this disclosure may affect my rights and protections under the law, including but not limited to, the Whistleblower Protection Act 2010.
- ☐ I agree that I may need to be contacted by the named Designated Person of BNM, or any persons acting on behalf, and shall notify the said Designated Person or his/her representatives of any changes to my contact details as soon as possible.
- ☐ I agree that matters beyond BNM's purview and investigation powers under relevant law(s) should be forwarded to another more appropriate enforcement agency.

Signature:

_____

Date: