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EXTERNAL WHISTLEBLOWER FORM

Confidential – To be submitted to the Ethics Committee / Whistle-blower Officer

1. Repor	rter Information <i>(Optional – can remain anonymous)</i>
• N	Name:
• (Organization / Vendor Name:
• (Contact Number:
	Email:
	ent Details
• I	Date of Incident:
• T	Fime of Incident:
	Location:
	Persons Involved:
3. Type	of Concern (tick relevant box)
☐ Fraud ☐ Haras ☐ Confl ☐ Healtl ☐ Breac ☐ Violat ☐ Other 4. Descr (Provide	ry / Corruption // Financial Misconduct // Sament / Discrimination ict of Interest // A Safety, Environment (HSE) Violation // On Confidentiality / Data Protection // Confidentiality / Data Pr
	ence / Supporting Documents
☐ Photo ☐ Witne	ments attached graphs/Videos attached ess names provided vidence available



6. Previous Reporting (if any)
 Have you reported this incident before? ☐ Yes ☐ No
• If yes, to whom and when:
7. Declaration
I hereby declare that the information provided in this report is true and correct to the best of my knowledge. I understand that this report will be treated with confidentiality and no retaliation will be taken against me for reporting in good faith.
Signature: Date:
For Official Use (Ethics Committee Only)
• Case Number:
Date Received:
Action Taken:
Status: □ Under Investigation □ Closed