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Toyo Ventures Holdings Berhad

WHISTLEBLOWING FORM

Please provide the following details for any suspected misconduct and submit directly to the company's Compliance Division. Please note that you may be called upon to assist in the investigation, if required.

WHISTLEBLOWER'S INFOR	RMATION
Name:	
Designation:	
Company/ Department:	
Contact Number:	
Email Address:	
CUEDICTIC INCODMATION	
Email Address:	
WITNESSESS'S INFORMAT	ION (IF ANY)
Name:	
Designation:	
Company/ Department:	
Contact Number:	
Email Address:	
DETAIL 0.05 DDIDED\((0)	
Describe the misconduct and	how you know about it. Specify what, who, when, where and how. gation, number each allegation and use as many pages as necessary.
1. What was the misconduct	which had occurred?
2. Who had committed the m	nisconduct?
	Name: Designation: Company/ Department: Contact Number: Email Address: SUSPECT'S INFORMATION Name: Designation: Company/ Department: Contact Number: Email Address: WITNESSESS'S INFORMAT Name: Designation: Company/ Department: Contact Number: Email Address: Designation: Company/ Department: Contact Number: Email Address: DETAILS OF BRIBERY(S) Describe the misconduct and

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	nd when did you notice it?
4. Where did it happen?	
5. Any other comments	
Signature	
Signature	Date
Signature FOR COMPLIANCE DIVI	Date
Signature FOR COMPLIANCE DIVI Received by:	Date
Signature FOR COMPLIANCE DIVI Received by:	Date
Signature FOR COMPLIANCE DIVI Received by: Received on: Investigation required:	Date
FOR COMPLIANCE DIVI Received by: Received on:	SION USE
FOR COMPLIANCE DIVI Received by: Received on:	SION USE Yes No
FOR COMPLIANCE DIVI Received by: Received on:	SION USE Yes No