

**MCB Islamic Bank Limited****Whistle-Blower Form**

(All information will be kept confidential)

<b>Your Full Name:</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	
<b>Mailing Address:</b>	
<b>Date of Complaint:</b>	
<b>Time:</b>	
<b>Are you an Employee (E); Customer (C); Vendor (V); or Other (O)</b>	

1	Please provide details with respect to the location of the incident (e.g. region / branch, specific location and department)	
2	Please describe the nature of your concern regarding financial and non-financial / or operational matters. Include sufficient information for an independent person to understand the concern and to enable further investigation.	
3	Please provide full name(s) and/or title(s) of individuals whom you suspect of wrongdoing.	
4	How many times has this incident taken place (if applicable)?	
5	How long this incident been taking place (if applicable)?	
6	Please provide evidence (if any). This may include video / audio recording, photograph etc.	
7	Would you like to arrange a meeting / telephone call with an Investigating Officer to discuss this matter?	

**For Office Use only**

<b>Complaint Number:</b>
<b>Date Received:</b>
<b>Complaint Referred to:</b>
<b>Date Listed on Whistle-blower Tracking</b>
<b>Date Presented to Audit Committee:</b>
<b>Date of Closure:</b>
<b>Date of Response:</b>

\*Please add additional page if required.