**WHISTLE BLOWING FORM**

**1. Information of the Whistle Blower:**

|  |  |
| --- | --- |
| Name\* |  |
| Company Name\*(for non-SMFLI) |  |
| Department\* |  |
| Correspondence Address\*  |  |
| E-mail address |  |
| Telephone No. |  |

\***This column may be left blank.**

**2. Fraud / Violation Event:**

|  |  |
| --- | --- |
| Event (What) |  |
| Type of Fraud / Violation (put circle on the letter below & can be more than 1):1. Fraud including Corruption and Collusion.
2. Gratification including Bribery.
3. Violations of Law.
4. Conflict of Interest.
5. Breaches of the Code of Conduct / Ethic Code of the Company.
6. Actions that may cause financial or non-financial loss to the Company or harm the interests of the Company.
7. Violations of the Company Regulation and Employment Agreement including other Company Documents.
8. Actions that endanger the occupational safety and health, or jeopardizes the security of the Company.
9. Breaches generally accepted business principles and practices.
10. Others than above.
 |
| Personnel (Who) |  |
| Title / Department |  |
| Chronology (When) / Location (Where) / Specific Description (How) / Evidence / etc.: |