WHISTLE BLOWING FORM

1. Information of the Whistle Blower:

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

2. Fraud / Violation Event:

Event ((\/\hat)
Event	(vviiat)

Type of Fraud / Violation (put circle on the letter below & can be more than 1):

- a. Fraud including Corruption and Collusion.
- b. Gratification including Bribery.
- c. Violations of Law.
- d. Conflict of Interest.
- e. Breaches of the Code of Conduct / Ethic Code of the Company.
- f. Actions that may cause financial or non-financial loss to the Company or harm the interests of the Company.
- g. Violations of the Company Regulation and Employment Agreement including other Company Documents.
- h. Actions that endanger the occupational safety and health, or jeopardizes the security of the Company.
- i. Breaches generally accepted business principles and practices.
- j. Others than above.

Personnel (Who)	
Title / Department	

Chronology (When) / Location (Where) / Specific Description (How) / Evidence / etc.:

^{*}This column may be left blank.