



WHISTLEBLOWING POLICY

PERFECT WIREMAKERS SDN BHD (PWMSB), is committed to have good business ethics and integrity as set out by the Board of Directors. All employees are encouraged to raise any concerns of any improper or wrongful conduct at the fastest or earliest opportunity. The report must be in an appropriate way. This policy is to promote and enhance good corporate governance practice within PWMSB.

Any restriction of employee to raise the concern?

No, All employees of PWMSB are entitled to raise their concern.

Types of concern to be raised by the employees:-

1. Failure to comply with any legal or regulatory obligation
2. Mismanagement of company affairs or assets
3. Criminal offences including fraud, corruption, bribery and blackmail
4. Improper conduct which would be a disciplinary offence.
5. Act or omission which jeopardizes the health and safety of employee and or any member of the public

Authority Person to accept the report

Employees can lodge their report or concern to the Chief Executive Officer (CEO) or to the Chief Operating Officer (COO) at the Wisma Waja Office.

During lodge of any report or concern do not forget to write your full name, contact details and the details of full report of any misconduct including any supporting document that you consider relevant. Whistleblower Form are available for you to fill it and it can be collected at the Wisma Waja Office.

PWMSB reserves the right not to investigate any report which is raised by any anonymously.

Important

Any lodge of report or concern will be protected from adverse employment action and where feasible from disclosure of the identity, even if the report or concern are genuinely mistake.

The report or concern should not be made due to malicious intent. Any malicious intent of the report will be neglected and appropriate action will be taken to the reporter.



WHISTLEBLOWER FORM

FULL NAME : _____

ADDRESS / SECTION : _____

TELEPHONE NO : _____

EMAIL ADDRESS : _____

DESCRIPTION OF INCIDENT:

LOCATION OCCUR : _____

TIME OCCUR : _____

NAME & POSITION OF
PERSON(S) INVOLVED : _____

WITNESS (ES) : _____

SUPPORTING DOCUMENT
(IF ANY) : _____