Appendix I

STRICTLY CONFIDENTIAL

KEYFIELD INTERNATIONAL BERHAD WHISTLEBLOWING REPORT FORM

Informant's Particulars	
Name:	Telephone No.:
Staff No.:	E-mail:
(if applicable)	
	uch information as possible on the particulars of
the incident to be reported and use a separate sheet if the space provided is insufficient)	
Time and Place:	
Person(s) involved:	
Details of the incident:	
Please state the supporting documents, witnesses or evidence to substantiate your disclosure	
(if any) to facilitate investigation. You may also attach the relevant documents.	
	is willing to give a statement in respect of
the incident stated in this report (the "Incident"). The informant understands that all	
personal data submitted by him/her will only be used for purposes which are directly	
related to the Incident, and may be transferred to parties who will be involved in (i) the	
processing and/or investigation of the Incident; (ii) the undertaking and/or conduct of	
disciplinary proceedings; and/or (iii) law enforcement. The informant shall have the right	
to request access to and correction of his/her personal data submitted in this report.	
The informant hereby declares that all infor	mation given herein is made voluntarily and
true to the best of his/her knowledge, and he/she will ensure that his/her participation	
will be kept confidential	
Signature:	Date: