

TH PLANTATIONS BERHAD (12696-M)

WHISTLEBLOWING FORM

To: Head of Internal Audit, TH Plantations Berhad

Name of the Alleged Wrongdoer	:
Description of the Alleged Incident	:
a. Time of Occurrence	:
b. Date of Occurred	:
c. Description of the Incident (kindly use attachment if necessary)	:
d. Other Comment	:
Signature :	
Name :	
Department/Division :	
Date :	
Address : (If not an employee of THP)	
Contact Number :	