

**APPENDIX 1**

**WHISTLEBLOWER REPORTING FORM**

I would like to disclose information on the following activities or suspected activities within the Company and its business associates as per MHTC’s Whistleblower Policy.	
Name:	
Email:	
Contact No.:	
Person(s) Involved:	
Details:	
Witnesses (if any):	
Governance Committee Acknowledgement:	
Report ID:	
<b>Note:</b> The contents of this report shall be kept in strictest confidence. No details of this report should be divulged to any third person.	