



MCB Bank Limited
Whistleblower Form
(All information will be kept confidential)

Page No. 000

Complaint Submitted By:
Date of Complaint:
Complaint No.
Time:
Is the person submitting this complaint an Employee (E) ; Customer (C) ; Vendor (V) ; or Other (O)

1) Please provide details with respect to the location of the incident (e.g. region / branch, specific location and department).
2) Please describe the nature of your concern regarding financial and non financial/ or operational matters. Include sufficient information for an independent person to understand the concern and to enable further investigation.
3) Please state the full name(s) and title(s) of individuals whom you suspect of wrongdoing.
4) How many times has this incident taken place (if applicable)?
5) How long this incident been taking place (if applicable)?
6) Please provide your name and contact information?
7) Would you like to arrange a meeting/telephone call with an Investigating Officer to discuss this matter? No <input type="checkbox"/> Yes <input type="checkbox"/>

For Office Use only

Date Received:
Complaint Referred to:
Date Listed on Whistleblower Tracking Matrix:
Date Presented to Audit Committee:
Date of Closure:
Date of Response: