

Declaration	
<p>1. I confirm to the best of my knowledge that all the information stated herein is true, correct and complete.</p> <p>2. I hereby agree that the information provided herein to be used and processed for investigation purposes</p> <p>3. I hereby agree that the information provided herein may be forwarded to SSWFFB's Board Committee and Board of Guardians / authority / enforcement agency for purposes of investigation or reporting of outcome of investigation.</p> <p>4. I acknowledge that if I choose to remain anonymous, no whistleblower protection will be accorded to me under the Whistleblowers Protection Act 2010</p>	
Signature of the reporting person (optional)	
Name (optional)	
Have you lodged a complaint on this matter to another person and/or department and/or authority?	Yes / No
If yes, please name the person and/or department and/or authority	

Submit this form to whistleblowing@ssff.my.