**Violation Reporting & Whistleblowing Disclosure Form**

**ILAF Takaful Insurance Company**

**General Provisions**

1. The reporter acknowledges that they have full knowledge of the policy and procedures for reporting violations as published in the company's internal regulations (for employees) or on the company’s website (for customers and stakeholders) and confirms that they have no intention of providing false or misleading information.
2. Violations shall be reported through the designated channels as follows:
* **Employees:** Reports should be submitted to the **direct manager, department manager, audit committee, or the compliance department**. The **compliance department** will participate in all violation cases, ensuring proper investigation and resolution, in accordance with the approved communication methods within the company.
	+ Customers & Stakeholders: Reports should be directed to the company’s compliance department, via the designated reporting email.
1. The company is responsible for ensuring the anonymity and safety of all whistleblowers, whether employees, customers, or stakeholders, in line with its commitment to maintaining a transparent and secure reporting environment.

**1. Reporter Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Employee ID (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Position/Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Information (Phone/Email):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Information About the Violation**

* **Date of Violation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location of Violation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Who is Being Reported (Name & Position):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Department of Reported Individual(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Nature of Violation (Check all that apply):**
	+ Harassment and Discrimination
	+ Theft or Embezzlement
	+ Bribery and Corruption
	+ Money Laundering and Terrorist Financing
	+ Breach of Code of Conduct
	+ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Detailed Description of the Violation**

* **Provide a clear and detailed account of the incident, including relevant dates, locations, and involved individuals.**
* **Are there any supporting documents or evidence?** [ ] Yes [ ] No
	+ If yes, please attach the documents or describe them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Witnesses (if any)**

* **Are there any witnesses to the violation?** [ ] Yes [ ] No
* **If yes, provide their names and contact details:**

**5. Previous Reporting (if applicable)**

* **Have you reported this violation before?** [ ] Yes [ ] No
* **If yes, to whom and when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **What was the response/action taken (if any)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Whistleblower Protection & Confidentiality**

* **Do you wish to remain anonymous?** [ ] Yes [ ] No
* **Do you believe you are at risk of retaliation for this report?** [ ] Yes [ ] No

**7. Acknowledgment & Signature**

I hereby declare that the information provided in this report is true and accurate to the best of my knowledge. I understand that knowingly providing false information may result in disciplinary action.

* **Reporter’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. For Official Use Only (Compliance / Investigation Team)**

* **Case Reference No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Investigating Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Investigation Status:** [ ] Pending [ ] Under Review [ ] Closed
* **Summary of Actions Taken:**
* **Final Resolution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Resolution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Notice:** This report will be handled with the utmost confidentiality. ILAF Takaful Insurance Company prohibits any form of retaliation against whistleblowers. Any proven retaliation will result in strict disciplinary actions.