

WHISTLE BLOWING FORM

STRICTLY CONFIDENTIAL

Date:

1- Your Contact Information

Name (Optional)

Employment Details

**(For Employees Only)
Title, Department**

2- Details of Concern (Compulsory)

The following should be mentioned in your description of the issue: (What your concern is / Where & when it happened / how you know about it / People involved inside or outside the company / People who can verify or witness your concern / losses or violation occurring if available / People you spoke with about the incident) (Use additional of sheets if necessary)

3- Evidence

Please state the supporting documents, witnesses or evidence to substantiate your disclosure (If any) to facilitate investigation. You may also attach the relevant documents. (Use additional of sheets if necessary)

4- Declaration

I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge and I will ensure that my participation in this matter will be kept confidential. I do understand that Coast will use the information and material provided in order to finalize the process.

Name: _____ (Optional)

Date:

Signature:

5- Remarks:

Kindly fill the form, sign it and send it through one of the following means:

1- By E-mail at: whistleblowing@coast.com.kw

2- If you do not wish to disclose your name, by sealed envelope (private & confidential) – Complaints box – Company ground floor.