

**FORM B**  
**REPORT OF DETRIMENTAL ACTION**

**A. PARTICULARS OF WHISTLEBLOWER**

Please note that complaint made anonymous may not be processed or investigated unless the concern / allegation made is of sufficiently serious nature as determined by the Whistleblower Hotline Committee (WHC)

“Detrimental Action” means any reprisal action against a Whistleblower which shall include action causing injury, loss or damage; intimidation or harassment; interference with the lawful employment or livelihood of the Whistleblower, including discrimination, discharge, demotion, suspension, disadvantage, termination, adverse treatment in relation to the Whistleblower’s employment or the taking of disciplinary action; and a threat to take any of the above actions.

“Improper Conduct” means any unethical behaviour, malpractices, illegal acts or any other wrongful or improper conduct within the Company which if proved, constitutes a disciplinary offence or a criminal offence.

1.	Name		
2.	Correspondence Address		
3.	Telephone No.	H/P:	Office:
4.	Email Address (if any)		

**B. PARTICULARS OF THE COMPLAINT**

1.	Name of the person committing the Detrimental Action		
	Position (if known)		
	Relationship between Whistleblower and the person complained of		
2.	Are you personally affected by the Detrimental Action?	<b>YES</b>	<b>NO</b>
		If NO, please state the particulars of person(s) affected by the Improper Conduct:	
		Name of the person affected by the Improper Conduct (if known)	
		Department (if known)	

		Position (if known)	
		Relationship between Whistleblower and the person(s) complained of	
3.	Particulars of Detrimental Action	Date:	
		Time:	
		Place:	
		Particulars:	
4.	Have you previously made a complaint of the Improper Conduct or report of Detrimental Action to any internal or external parties or the authorities?	YES	NO
		<p>If YES, please state:</p> <p>(i) Complaint/Report: File reference no.</p> <p>(ii) Particulars of other third party(ies):</p> <p>Name of person receiving the Complaint/Report:</p> <p>Name of internal or external party or the authorities:</p> <p>receiving the Complaint/Report:</p> <p>Department (if applicable):</p> <p>Position (if applicable):</p> <p>Date of Complaint/Report:</p> <p>(iii) Status of Complaint/Report:</p>	

**Note:**

- Please attach supporting documents, if any.
- If the spaces provided are not sufficient, please use a separate blank sheet.
- Please submit the completed form in SEALED envelope and marked "PRIVATE AND CONFIDENTIAL" on the right-hand corner of the sealed envelope.
- Please address the envelope to the following address: -  
The Whistleblower Hotline Committee:  
Legal Department/ Compliance Officer:  
Jakarta Premium Outlets  
Jl. Jalur Sutera Boulevard Kavling 41,  
Panunggan Timur, Pinang, Tangerang, Banten, 15143

<b>C. DECLARATION</b>	
1	I hereby declare that all information provided in this Form is true and accurate.
2	I fully understand that by signing this Form, I will be entitled to whistleblower protection from the Company as set out in the Company's Whistleblower Policy.
3	I fully understand that in the event I made this Report of Detrimental Action maliciously or in bad faith, the whistleblower protection contained in the Whistleblower Policy will no longer be applicable to me and I may be subject to disciplinary proceedings by the Company.
<b>Signature:</b>          <b>Name:</b>      <b>Date:</b>	