



WHISTLE BLOWING FORM

STRICTLY CONFIDENTIAL

Date:

1. Your Contact Information

Name (optional)

Employment Details
(for employees only)
Division,
Department,
Position. (optional)

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 Co) / People who can verify or witness your concern / losses or violations occurring if available / people you spoke with about the incident.) (Use additional of sheets to be attached with the form 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 NIC will use the information and material provided in order to finalize the process.

_____ (optional)

(Signature)

Name:

Date:

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