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| MPRL logo ( finally revised by CEO ) | **Compliance AND HR**  **DepartmentS** | VERSION. 03  Date : 04 Mar 2024 |

**WHISTLEBLOWING REPORT FORM**

This Form is available on the MPRL E&P **SharePoint intranet web porta**l through **“Home”**, **“Whistleblowing Manual and Blank Form”** of the sidebar menu and on the MPRL E&P **website** through **“Contact us”** and under **“The Contacts for Whistleblowing only:”;** for any Whistleblowers to raise any concerns related to the wrongdoing or misconduct as mentioned in the objective (subsection 1.1.1) and qualifying disclosures (subsection 1.2.3) of the Whistleblowing Policy and item (1) to (5) of the subsection 5.2, Eligibility of WB Manual by all employees, whether current or former, including interns and casual labors of the organization and personnel from third parties.

Please provide the following details for any suspected or actual misconduct or any breach or suspected breach of law or regulation that may adversely impact the public/Company or any suggestions and advice effectively to improve Compliance and Ethics Program. Please note that you may be called upon to assist in the investigation or for further information, if required.

Please make sure to provide specific and relevant information in the compulsory areas marked with (**\***) for which are related to the items mentioned in below table of section 1.

1. **Concerns in connection with Wrongdoing or Misconduct Activity related to public / Company interest related to the Company’s business.** {Please tick off respective item(s) related to your disclosure}

Otherwise, please tick off **“Others”.**

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| **Sr.**  **No.** | **Concerns of Wrongdoing or Misconduct Activities** | **Tick** |
| **Breach of the MPRL E&P Organizational Code of Conduct and Policies, provided that for those concerns mentioned below only.** | | |
| **1** | Failure to comply with legal obligations |  |
| **2** | Corruption and fraud |  |
| **3** | Financial/Accounting malpractice |  |
| **4** | Access without permission/Misuse of company properties or information |  |
| **5** | Damage to the financial benefits and reputation of MPRL E&P |  |
| **6** | Unethical behaviour or improper conduct related to public/Company interest related to the Company’s business |  |
| **7** | Harassment and other HR related issues in breach of applicable laws |  |
| **8** | Potential or actual damage to the environment, and safe and healthy working environment |  |
| **9** | Third parties’ concerns relating to public/Company interest related to the Company’s business |  |
| **10** | Retaliation against a person who reports an activity (**“Whistleblower”**) that he/she reasonably believes to be illegal, fraudulent or misconduct |  |
| **11** | Wilful negligence of information relating to any of the above |  |
| **12** | Others |  |

1. **Providing Suggestion(s) and advice to improve Compliance and Ethics Program effectively which may relate to item no. (1) to (5) under subsection 5.2, Eligibility of WB Manual.** {Please tick off respective item(s) related to your disclosure}

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| **Sr.**  **No.** | **Promoting Compliance and Ethics Program** | **Tick** |
| **1** | Any issues related to non-compliance with legal obligations and government’s contractual obligations |  |
| **2** | Raising questions and concerns when they see something that is not right from the Company perspective which may affect the public/Company. |  |
| **3** | Identify a weak point in implementation of compliance and ethics programs or suggest a way to improve applicable internal policies and procedures including conducting training sessions. |  |
| **4** | Return the present(s) received from third parties personally to Administration Department according to Anti-Bribery and Corruption Policy. |  |
| **5** | Ask for advice on a difficult compliance question. |  |

1. **Whistleblower's Information**

(This section may be left blank if the Whistleblowers wish to remain anonymous)

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| **Name** |  | **Position** |  |
| **Department** |  | **E-Mail Address** |  |
| **Home Address** |  | **Contact Number** |  |

1. **Suspect’s Information** {it is not a requirement for suggestion(s) and advice}

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| --- | --- | --- | --- |
| **Name\*** |  | **Position\*** |  |
| **Department\*** |  | **E-Mail Address** |  |
| **Home Address** |  | **Contact Number** |  |

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| --- | --- | --- | --- |
| **Name** |  | **Position** |  |
| **Department** |  | **E-Mail Address** |  |
| **Home Address** |  | **Contact Number** |  |

1. **Witness's Information (if any)**

(Please provide the key witness for your allegation)

1. **What was/is the suspected incident or activity? \***

**(or)**

**What is/are your suggestion(s) or advice to improve Compliance and Ethics Program effectively?**

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1. **When did the suspicious activity occur? \***

{it is not a requirement for suggestion(s) and advice}

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| **------------------------------------------------------------------------------**  **Is it**  **Ongoing? Finished? Frequently?** |

1. **Is the suspicious activity \***

{it is not a requirement for suggestion(s) and advice}

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| --- | --- |
| 1. **Internal?** 2. **Associated with External?** | |
| **If it is (a), mention the department(s) and areas involved.** |  |
| **If it is (b), mention the business or organization’s name.** |  |

1. **Are there any affiliates or associates involved along with the suspect? If so, where he/she is from? \***

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| **Yes No**  **If Yes,**    **Within the Organization? Mention associates' Name­­­­­­­**    **Outside the Organization? Mention organization's Name** |

1. **Are there evidence documents to attach as proof for the report/allegation? \***

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| **Yes**  **No**  **If "yes", please attach evidence documents** |

1. **Are there any existing law or organization’s policy to support the report/allegation? \***

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| **Yes**  **Unknown**  **No** |
| **If “Yes”, please mention the law or policy as reference:** |

1. **What do you think is the motive of the suspect for committing the suspicious activity?**

**(or)**

**How do you think which area would improve upon implementation of your suggestion(s)/advice?**

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1. **What do you think are the personal benefits and self-interest for the suspect or suspect and his/her associates?**

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| **Date:** | **Signature:** |

***Thank you for your cooperation and encouragement of improvement in speak-up and raising concerns culture.***