

## Whistle Blowing Form

Name of person submitting the form: \_\_\_\_\_

Date of the event: \_\_\_\_\_

Capacity of the person submitting the form {Employee (E); Client (C); Vendor (V); Shareholder (S);  
Other (O)? \_\_\_\_\_

Description of the event: (Please describe the alleged event, and include the name(s) of the persons  
involved, the date and location of the event, and attached supporting documents):

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Attach additional pages if required.

***For NBK Capital use only***

Date Received: \_\_\_\_\_

Date Reported to Management / Other Parties: \_\_\_\_\_

Date of Response to the sender: \_\_\_\_\_

Date of Closure: \_\_\_\_\_