

Disclosure of Wrongdoing Form

Name:

Address:

Telephone:

Email:

This Whistleblower Policy applies only to certain types of wrongdoings. From the list below, select the type of wrongdoing you are disclosing:

a contravention of any territorial, federal or TKC law or regulation;

a serious breach of TKC policy or code of conduct;

an act or omission that creates a substantial and specific danger to the life, health or safety of individuals, or to the environment;

gross mismanagement of funds or assets; or

knowingly directing or counselling a person to commit a Wrongdoing.

If none of the above apply, the Whistleblower Policy does not apply to your wrongdoing. Consider other internal resolution mechanisms. If any of the above applies to your situation, proceed to the next question.

Name of the individual(s) alleged to have committed or is about to commit the wrongdoing?:

Date on which the wrongdoing occurred or may occur (if known):

Detailed description of the wrongdoing (attach separate paper if more space is needed):

Any other information you think is relevant:

I certify that this Disclosure is made in Good Faith.

Signature:

Date: