



Silergy Corp.

Whistleblower Complaint Form

No:

Forms of whistleblowing	<input type="checkbox"/> Anonymize <input type="checkbox"/> Real Name, Name:				
	<input type="checkbox"/> Initial Prosecution <input type="checkbox"/> Reconsideration		<input type="checkbox"/> Email <input type="checkbox"/> Oral		
Whistleblower Identity	<input type="checkbox"/> Internal Employees, Company name: Department: Job No:				
	<input type="checkbox"/> Supplier, Supplier Name:				
	<input type="checkbox"/> Customer, Customer Name:				
	<input type="checkbox"/> Other:				
	Contact No		E-mail Address		
Factual Content	whistleblowers	Name		Dep	
		Contact Number		E-mail Address	
	Relationship with the whistleblower	<input type="checkbox"/> Co-worker <input type="checkbox"/> Subordinates <input type="checkbox"/> Clients <input type="checkbox"/> Fellow student <input type="checkbox"/> Friends <input type="checkbox"/> Mate <input type="checkbox"/> Kindred <input type="checkbox"/> Teachers and students <input type="checkbox"/> Online friend <input type="checkbox"/> Neighbors <input type="checkbox"/> Other:			
	Time of Occurrence	Year	Month	Day	Hour
	Place of Occurrence				
	Course of Events				
	Relevant Evidence	Attachment: <input type="checkbox"/> N <input type="checkbox"/> Y:			
<p>I undertake the above materials are true and accurate, and I am willing to bear the corresponding legal responsibility if they are false.</p> <p>Signature of whistleblower: _____</p> <p style="text-align: right;">Date of report: Y M D</p>					