

Whistleblower Disclosure Form

Please complete this form and send it directly to the Whistleblowing Desk of the Financial Services Commission (FSC). You may choose to submit this form either by:

a. E-mail

Send the completed form to whistleblowingdesk@fscmauritius.org
To ensure confidentiality, we recommend you to send us the form using your personal e-mail, not via corporate e-mail.

Or

b. Post

Print this form and mail it in a sealed envelope to:
Whistleblowing Desk
Financial Services Commission
FSC House,
54 Cybercity, Ebene 72201,
Republic of Mauritius

Or

c. In Person

A whistleblowing reporting may be made in person to the FSC at the FSC House. If additional information or clarification is required after your Report is analysed, an officer from the Whistleblowing Desk will contact you in strict confidence.



Do you need help?

For any assistance required to fill out this form or for any question you may have, please call 404-5694 (Ext 7077).

You are also advised to consult the [FAQs](#) on whistleblowing available on the FSC's website for more information.

IMPORTANT

Have you made a formal internal disclosure within your organisation regarding your concerns?

Yes

Why are you making this disclosure to the FSC? (Tick at least one)

- 1. No information given on internal disclosure made
- 2. No action taken on internal disclosure made
- 3. Other circumstances (please specify below)

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No Please state reason (Tick at least one)

- 1. Management of organisation is or may be involved
- 2. Justified by the urgency of the matter
- 3. Likely that evidence will be concealed or destroyed
- 4. Other circumstances (please specify below)

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Please provide the following details for any suspected misconduct or improper activity you would like to bring to the attention of the FSC. Please note that you may be called upon to assist in the investigation, if required.

WHISTLEBLOWER'S DETAILS

This section may be left blank if you wish to remain anonymous.

[Whilst the FSC respects the desire of those whistleblowers who wish to remain anonymous, be aware that anonymity will curtail the FSC's ability to act fully on the disclosure made. Furthermore, in order to avail from protection against any form of victimisation or retaliation, it is essential for the whistleblower to identify himself/herself in this form. Whistleblowers are therefore encouraged to identify themselves and submit their contact details].

Name and Surname:

Position:

Employer:

Contact number(s):

E-mail Address:

Residential Address:

DETAILS OF THE INDIVIDUAL(S) INVOLVED IN THE IMPROPER PRACTICE/MISCONDUCT

If there are more than three, give their details on as many pages as necessary

Name:

Position:

Organisation:

Contact number(s):

Email Address

Name:

Position:

Organisation:

Contact number(s):

Email Address

Name:

Position:

Organisation:

Contact number(s):

Email Address

WITNESS (ES) DETAILS (if any)

If there are more than three, give their details on as many pages as necessary

Name:

Position:

Organisation:

Contact number(s):

Email Address

Name:

Position:

Organisation:

Contact number(s):

Email Address

Name:

Position:

Organisation:

Contact number(s):

Email Address

DISCLOSURE OF THE IMPROPER ACTIVITY/MISCONDUCT

Briefly describe the improper activity/misconduct and how you come to know about it.

If the spaces provided below are not sufficient, please use a separate blank sheet

1. What improper activity/misconduct occurred?

2. Who committed the improper practice/misconduct?

3. When did it happen and when did you notice it?

4. Where did it happen?

5. Is there any evidence that you can provide to the FSC? List the documents attached in support of your allegations (e.g. copies of contracts, account statements, etc.) **[Be cautious of information or evidence that has been obtained by illegal means. The FSC does not encourage any party to obtain any information or evidence by illegal means or which they do not have a right to access or use.]**

PLEASE THE KEEP ORIGINALS.

6. Are there any other persons involved other than the individual(s) stated above?
In the affirmative, please provide details.

7. Please confirm whether you have any involvement in the commitment of the improper practice/ misconduct. In the affirmative, please disclose the reason for which you wish to disclose this matter to the FSC.

8. Do you have any other details or information which would assist us our enquiries?

9. Any additional comments?

WHISTLEBLOWER'S DECLARATION

I declare that I have disclosed the above information and/or documentation in good faith, and that the information contained herein is true, correct and complete to the best of my knowledge, information and belief. I fully understand that I shall commit an offence and shall, on conviction, be liable to a fine not exceeding 50,000 rupees and to imprisonment for a term not exceeding one year, if in my submission of information or other dealings with the FSC, I knowingly make a false, malicious or vexatious disclosure.

I further declare that the supporting documents are genuine and have not been unlawfully obtained. I fully understand that tampering with evidence and/or obtaining/accessing/using documents to which I do not have a right is/are an offence(s) punishable by law.

I have read and agree to the above whistleblower's declaration. (TO BE FILLED IN MANDATORY OTHERWISE CANNOT PROCEED TO PRINT & SAVE)

Date:

Signature:

(Optional)

For Whistleblowing Desk's Use

File Reference No:

Received by:

Date: