


|   |   |  |   |
|---|---|--|---|
|  | Subsidiaries and Affiliates   |  |   |
|   | <input type="checkbox"/> WGI<br><input type="checkbox"/> WHI - HO<br><input type="checkbox"/> WLI<br><input type="checkbox"/> PRI | <input type="checkbox"/> WHI Carmona<br><input type="checkbox"/> CCC<br><input type="checkbox"/> MRDC<br><input type="checkbox"/> SPAI | <input type="checkbox"/> FMPI/FMTCC<br><input type="checkbox"/> PBI<br><input type="checkbox"/> Others: |
| Form Title: <b>AUDIT COMPLIANCE REPORT FORM</b>                                   |   |  |   |

|                  |                |                       |  |
|------------------|----------------|-----------------------|--|
| Date Discovered: | Date Prepared: | Department/ Position: | ACR Control IA-ACR-20_ _ _ _ _<br>Auditee: |
|------------------|----------------|-----------------------|--|

**PART 1. INTERNAL AUDIT OBSERVATION(S)**

|   |                             |
|---|-----------------------------|
| <b>Condition/ Details of Observation:</b> | <b>Criteria/ Standards:</b> |
| <br><br><br><br><br>                      | <br><br><br><br><br>        |

Risk Implication(s) (Please refer to Quality Management System Control Policy)

|                     |  |  |   |                                    |  |
|---------------------|--|--|---|------------------------------------|--|
| <br>                |  |  |   |                                    |  |
| Consequence         | <input type="checkbox"/> Insignificant | <input type="checkbox"/> Minor         | <input type="checkbox"/> Moderate         | <input type="checkbox"/> Major     | <input type="checkbox"/> Catastrophic/Very Significant |
| Likelihood          | <input type="checkbox"/> Rare          | <input type="checkbox"/> Unlikely      | <input type="checkbox"/> Possible         | <input type="checkbox"/> Likely    | <input type="checkbox"/> Almost Certain                |
| <b>Overall Risk</b> | <input type="checkbox"/> Low Risk      | <input type="checkbox"/> Moderate Risk | <input type="checkbox"/> Significant Risk | <input type="checkbox"/> High Risk |  |

|  |   |
|--|---|
| Issued By: _____<br><b>Internal Auditor</b><br>(Signature over Printed Name/ Date) | Approved for Issuance: _____<br><b>Internal Audit Head</b><br>(Signature over Printed Name/ Date) |
| Accepted By: _____<br><b>Auditee</b><br>(Signature over Printed Name/ Date)        | ACR Date Returned to IA: _____  |

----- To be filled out by the Auditee -----

**PART 2. DEPARTMENT'S RESPONSE(S)**

|  |   |
|--|---|
| <b>Explanation:</b>  | <b>Cause:</b>   |
| <br><br><br><br><br>   | <br><br><br><br><br>  |
| <b>Correction or Immediate Action:</b><br><i>(Immediate response to temporarily address the cause of observation within 24 hours turn-around time)</i> | <b>Corrective Action Plan:</b><br><i>(Controls that, if will be in place, may prevent the occurrence of the same observation)</i> |
| <br><br><br><br><br>   | <br><br><br><br><br>  |
| Other Party(ies) Involved:   | Other Party(ies) Involved:  |
| Proof/ Supporting Document(s):   | Proof/ Supporting Document(s):  |
| Date Completed:  | Target Date of Completion:  |

|   |   |
|---|---|
| Prepared By: _____<br><b>Auditee</b><br>(Signature Over Printed Name / Date)          | Reviewed By: _____<br><b>Department Head</b><br>(Signature Over Printed Name / Date)    |
| Verified By: _____<br><b>Internal Auditor</b><br>(Signature Over Printed Name / Date) | Approved By: _____<br><b>Compliance Officer</b><br>(Signature Over Printed Name / Date) |

*IAM-IAD-11 5.3 & 5.7 "An issued form must be returned to the auditor within twenty-four (24) hours from the date of issuance. Failure to submit within the said period shall be deemed a waiver of your opportunity to explain and leave the auditors with no recourse but to submit our report based on available documents."*

**HIGHLY CONFIDENTIAL**