**Appendix A**

**WHISTLEBLOWER REPORT FORM**

Pleaseprovidethefollowingdetailsforanysuspectedseriousmisconductorany breachorsuspectedbreachoflaworregulationthatmayadverselyimpacttheFund andsubmittheformdirectlytotheChairpersonoftheAuditCommittee.Pleasenote thatyoumaybecalledupontoassistintheinvestigation,ifrequired.

*Note:PleasefollowtheguidelinesaslaidoutintheWhistleblowingPolicyand*

*Procedure*

**REPORTER’SCONTACTINFORMATION**

*(Thissectionmaybeleftblankifthereporterwantstobeanonymous)*

NAME

DESIGNATION COMMITTEE/COMPANY CONTACTNUMBER

E-MAILADDRESS

**SUSPECT’SINFORMATION** NAME/

DESIGNATION COMMITTEE/COMPANY CONTACTNUMBER

E-MAILADDRESS

**WITNESS(ES)INFORMATION*(ifany)***

NAMENAME

DESIGNATIONDESIGNATION COMMITTEE/COMPANYCOMMITTEE/COMPANY CONTACTNUMBERCONTACTNUMBER

E-MAILADDRESSE-MAILADDRESS ALLEGATIONNO.ALLEGATIONNO.

**COMPLAINT:***Brieflydescribethemisconduct/improperactivityandhowyoucometo knowaboutit.Specifywhat,who,when,whereandhow.Ifthereismorethanone allegation,numbereachallegationanduseasmanypagesasnecessary.*

1.Whatmisconduct/improperactivityoccurred?

2.Whocommittedthemisconduct/improperactivity?

3.Whendidithappenandwhendidyounoticeit?

4.Wheredidithappen?

5.Isthereanyevidencethatyoucouldprovideus?\*

6.Arethereanyotherpartiesinvolvedotherthanthesuspectstatedabove?

7.Doyouhaveanyotherdetailsorinformationwhichwouldassistusinthe

investigation?

8.Anyothercomments?

Date:Signature(Optional):

Note:\*-YouSHOULDNOTattempttoobtainevidenceforwhichyoudonothavea rightofaccesssincewhistleblowersare‘reportingparties’andNOT‘investigators’

***ForAuditCommitteeUseReportNo.***

ReceivedbyReceivedon: AcknowledgementSentOn:

InvestigationRequired(Yes/No)?*(Ifno,pleasestatethereason)*

InvestigationDoneBy:

InvestigationResults:

ActionTaken/Conclusion:

ReportedtoChairmanoftheBoardon:

SignedOffby: