

This Form is designed for reporting Regulatory Concern relating to CAPITAL ASSET MANAGEMENT (DIFC) Limited (or an officer, employee, or Affiliate) and is submitted in accordance with the Firm's Whistleblowing Policy and DFSA requirements.

### Section 1: Confidentiality and Acknowledgement

The DFSA mandates that the Firm takes reasonable measures to protect the identity and confidentiality of the whistleblower and to protect them from suffering any detriment.

Whistleblower Status:	<input type="checkbox"/> Internal Staff	<input type="checkbox"/> External Party	<input type="checkbox"/> Anonymous	Anonymity is permitted but may limit the Firm's ability to seek clarification.
Confidentiality Statement:	I understand and acknowledge that the Firm will take all reasonable measures to protect my identity and ensure fair treatment, as detailed in the Whistleblowing Policy.			This ensures compliance with DFSA requirements (DFSA Rulebooks AML, AUD and GEN).

### Section 2: Whistleblower Contact Information (Optional)

This information is kept strictly confidential. Providing contact details is essential for enabling the Firm to seek necessary clarification and provide feedback, where appropriate.

Full Name	Click or tap here to enter text.	Job Title / Relationship to Firm	Click or tap here to enter text.
Email Address	Click or tap here to enter text.	Phone Number	Click or tap here to enter text.

### Section 3: Details of the Regulatory Concern

The DFSA defines Regulatory Concern as a contravention of DFSA legislation or engagement in money laundering, fraud, or other financial crime.

Date the Report is Submitted	Click or tap to enter a date.		
Classification of Concern	<input type="checkbox"/> DFSA Legislative Contravention <input type="checkbox"/> Money Laundering / Financial Crime	<input type="checkbox"/> Fraud <input type="checkbox"/> Other Financial Misconduct (Please specify): Click or tap here to enter text.	
Date(s) of Alleged Incident(s)	Click or tap to enter a date.		
Summary of Concerns	<p>To clearly state who, what, where and when</p>		
Person(s) or Area(s) Subject to Allegation	Click or tap here to enter text.		
Any Supporting Documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, email the documents to <a href="mailto:compliance@capitalam.com">compliance@capitalam.com</a> referencing your submission time.</i>	
Knowledge of the Report	Click or tap here to enter text.		<i>List any other person(s) who currently have knowledge of this report.</i>
Reason for Reporting to Firm	<input type="checkbox"/> Encouraged Internal Reporting	<input type="checkbox"/> Prefer internal process	<input type="checkbox"/> Other

### Section 4: Declaration and Submission

Declaration	<input type="checkbox"/> I declare that, to the best of my knowledge, the information provided in this report is accurate and made in good faith.
-------------	---