



TOP GLOVE GROUP OF COMPANIES

TOP GLOVE, TOP QUALITY, TOP EFFICIENT
GOOD HEALTH, SAFETY FIRST & BE HONEST

SUPPLIER FEEDBACK/SUGGESTION FORM

Dear Suppliers,

In order to continuously improve our purchasing department efficiency and to sustain long term business relationship with our suppliers, we would be most appreciative if you could provide us your feedback/suggestion on **the performance of our company's purchasing department or staff**. Your feedback/suggestion will be **treated as private and confidential and strictly for internal references only**.

Please fill in this form completely, including your signature at the end of the form.
Kindly mail this completed complaint form with any attachments to:

Top Glove Sdn Bhd (Factory 9)
Lot 4969, Jalan Teratai,
Batu 6, Off Jalan Meru,
41050 Klang, Selangor.
Attn: Mr. KM Lee/Eric Hoo/Mr. Manmeet/Dato Ahmad

Or E-mail to

shhoo@topglove.com.my / manmeet@topglove.com.my kmlee@topglove.com.my/
datoahmad@topglove.com.my

1. Company Information

Company Name: _____

Person's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

What is the best way to contact you?

Phone: _____ Email: _____

3. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Phone No: _____

4. Do you have any other information that you think is relevant to our investigation of your allegations?

5. What remedy/suggestion are you seeking for the alleged complaint?

I declare that the information supplied by me is to the best of my knowledge, true and correct. I acknowledge that this feedback/suggestion and information provided may be referred to Top Glove, for the purpose of resolving the alleged issue.

Signature: _____

Date: _____