

1. Reporter

Department		Division	
Title		Name	

2. Information Reported

Type	1. Bribery/Gift 2. Entertainment 3. Convenience 4. Other ()					
Provider	Company		Title		Name	
	Relationship to Reporter					
Details	Type		Number			
	Total Amount					
Date and Location	Date					
	Location					
Details of Receipt of Bribery or Improper Entertainment (Description of Circumstance)	※ Please attach additional pages if necessary					
Remarks						

Reporter: _____
 [*], 20[*]
 (seal)

3. Measures Instructed

Measures(*)	
Confirmation of Implementation	Signature: _____

* Measures: To be completed by the Audit Department or the Voluntary Compliance Director.