

GRATIFICATION REPORT FORM

Issued by :
GCG

Effective Date :
01 April 2022

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RESTRICTED

Revision : 03

FR-GCG-0801

A. HOW TO REPORT GRATIFICATION

1. Gratification Report could be submitted to the media as the following :
 - a. For Commissioners and Directors Level :
Tel/Fax Nbr : 021-2872 2345
SMS/Whatsapp : 0811 9332 345
Email : pelindobersih@whistleblowing.link
 - b. For levels below Director (Manager) :
PT Terminal Petikemas Surabaya
Email : Tim.UPG@tps.co.id
 - c. For levels below Manager (Assistant Manager, Superintendent, Staff) :
PT Terminal Petikemas Surabaya
Email : Tim.CounterpartGCG@tps.co.id
2. Gratification Report Form (FR-GCG-0801) could be printed out by downloading from TPS Website via the link www.tps.co.id (under Tata Kelola (GCG) Folder) or contacting UPG Team (Corporate Secretary) to get the hardcopy.
3. Gratifikasi should be reported by the recipient the latest 30 working days starting from the date of receiving Gratification. Gratification should be reported by attaching the necessary supporting documents.
4. The Reporter should provide the necessary data and information in correct and complete manner.

B. HOW TO FILL IN THE FORM

- 1) Fill in with the name of the personnel who gives the Gratification (individual/group/organization)
- 2) Fill in with the relationship between the recipient and the giver of Gratification, e.g. vendors / colleagues / subordinates / relatives / etc
- 3) Fill in with the purpose of giving, e.g. gratitude / rewards / traditions / etc
- 4) Fill in with the chronological order of receiving
- 5) Fill in with the mark "✓" in the required column and/or mention if there is any
- 6) Fill in with additional remarks, e.g. information request which is not forwarded to UPG Team, protection request, time and place to be contacted by UPG Team, and other matters to be reported to UPG Team
- 7) Fill in with identity and the mark "✓" in required columns

C. DATA OF THE GIVER OF GRATIFICATION AND THE RECEIVED GOODS DESCRIPTION ¹⁾

Name of Giver and/or Company/Vendor	:	
Occupation and Position	:	
Address	:	
Phone/Fax/Email	:	
Date of Receiving	:	
Business Relationship (if there is any) between the Recipient and Company/Vendor ²⁾	:	
Personal Relationship (if there is any) between the Recipient and Company/Vendor ²⁾	:	
Good Description and Estimated Value/Price	:	
Purpose of Giving ³⁾	:	
Chronological Order of Giving ⁴⁾	:	
Attached Supporting Documents ⁵⁾	:	<input type="checkbox"/> Available <input type="checkbox"/> N/A, mention
Additional Remarks (when necessary) ⁶⁾	:	
Signature of Giver and/or Company/Vendor	:	

Submit the filled in form to related Manager and UPG Team Chairman for further follow up

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D. DATA OF RECEIVER OF GRATIFICATION ⁷⁾

Name of Receiver	:
Position	:
Department	:
Mobile Nbr	:
Date of Reporting	:
Signature of Receiver	:

E. RECOMMENDED ACTION (To be filled in by related Manager) ⁷⁾

Name		:
Position		:
Department		:
Date		:
<input type="checkbox"/> To be returned to the Giver	<input type="checkbox"/> To be shared with working colleagues	Signature of related Manager
<input type="checkbox"/> To be donated to :	<input type="checkbox"/> Other, mention :	
Reasons :		

F. RECOMMENDED ACTION (To be filled in by UPG Team) ⁷⁾

Name		:
Position		:
Department		:
Date		:
<input type="checkbox"/> Agree with the above recommended action	<input type="checkbox"/> Recommend others, mention :	Signature of UPG Team
Reasons :		

G. FOLLOW UP ACTIONS

Name	:
Position	:
Department	:
Date	:
Signature of Receiver	:

I convey this Gratification Report truthfully. I am willing to submit the object of Gratification to UPG Team of PT Terminal Petikemas Surabaya for further analysis. If there is anything that I intentionally do not report or I report incorrectly, then I am willing to be legally responsible in accordance with the applicable laws and regulations. I am willing to provide further information.

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(.....)

Submit the filled in form to related Manager and UPG Team Chairman for further follow up