Appendix-II

Whistle blower Form – For Vendors, Customer, Third Parties etc

(All Information will be Kept Confidential)

Basis Information:

1- Name _____

2- Mobile #_____

3- Landline#_____

4- Email_____

Nature of Issue:(please tick)

1- Forgery _____	4) Fake Expenses_____	8) Harassment_____
2- Misappropriation of funds _____	5) Misconduct_____	9) Other_____
3- Concealment_____	6) Bribery_____	10) Funds Embezzlement_____
4- Unethical Activity_____	7) Misuse of POICL Assets_____	11) Other_____

Location of Incident (e.g specific location and department) _____

How long has this incident been taking place or particular date_____

of incident?

How Many times the incident took place? _____

Nature of issue (Please tick)

Financial_____

Operational_____

Describe nature of your concern with sufficient information as an independent person may understand the issue:

_____

_____

_____

Detail of evidence (if any) _____

Declaration: I hereby solemnly declare that the information provided above is true to the best of my knowledge and belief and I have no other motives in highlighting the issue in the best interest of POICL.

Date: _____

_____

Signature of Whistle blower