

Appendix-I

Whistle Blower Form – For Employees

(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. I further declare that I have read and understood whistle blowing program and i will abide by program contents.

Date: _____

Signature of Whistle blower