

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