

**Annexure**

**WHISTLE BLOWER COMPLAINT FORM:**

Code No		Date of filing Complaint		Initial of Designated Official	
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(For use of Designated Authority, Do not write anything above it)

To,

Head Internal Audit,  
India Post payments Bank,  
Corporate Office, Speed Post Centre- IInd Floor  
Veer Singh Marg, New Delhi-110001

**PERSONAL INFORMATION OF WHISTLE BLOWER**

1. Name: \_\_\_\_\_
2. ID Proof \* \_\_\_\_\_
3. Present Postings Details: \_\_\_\_\_
  - a) Branch/Office: \_\_\_\_\_ Code: \_\_\_\_\_ Circle: \_\_\_\_\_
  - b) Department/Office: \_\_\_\_\_ Address: \_\_\_\_\_
4. Contact Number (R) \_\_\_\_\_ (O) \_\_\_\_\_  
Cell No. \_\_\_\_\_ email address \_\_\_\_\_
5. Person(s) against whom the complaint is made: As per enclosed sheet.
6. Details of Complaint: As per enclosed sheet.

**DECLARATION**

I declare that the above information is furnished by me under Whistle Blower Policy of the Bank which is true and correct to the best of my knowledge, information, and belief.

Signature  
Date:

\*Copy of ID proof must be enclosed along with Complaint Form.

**WHISTLE BLOWER COMPLAINT**

**BRIEF FACTS OF THE CASE REPORTED UNDER**

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**Statement of facts:** (Please use extra pages if necessary)

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**Statement detailing acts of commissions/omissions of the person(s) against whom disclosure is made:** (Please use extra pages if necessary.)

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**Was this disclosure made to anyone in the past? If yes, when and to whom.**

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