

Annexure-I(a)

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,

The Chairman

Audit committee of the Board,
India Post payments Bank,
Corporate Office, Speed Post Centre- IIInd FloorVeer 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.

A. WHISTLE BLOWER COMPLAINT

BRIEF FACTS OF THE CASE REPORTED UNDER

Code No		Date of filing Complaint		Initial of Designated Official	
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Statement of facts: (Please use extra pages if necessary)

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

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