APPENDIX - 1 WHISTLE BLOWER COMPLAINT FORM

Code	Date of filing	Initial of Designated	
No.	complaint	Authority	

(For use of Designated Authority, do not write anything above it)

(FOR USE OF ALL THE EMPLOYEES/DIRECTORS OF CANBANK FACTORS LTD)

To The Senior Executive Vice President/Executive Vice President Canbank Factors Ltd Registered office 67/1, Kanakapura Main Road (Near Lalbagh West Gate) Basavanagudi Bengaluru - 560004

A. <u>F</u>

PER	SONAL INFORMATION OF WHISTLE BLOWER						
1.	Name:						
2.	Staff No.:						
3.	Mobile No.:						
	Email ID (Optional):						
5.	Branch:						
	Address:						
7.	Person against whom the complaint is made: As per enclosed sheet						
8.	Gist of Complaint: As per enclosed sheet						
9.	Complaint letter and supporting document (if any): Attachment						
10.	ID Proof of the Whistle Blower (Mandatorily to be enclosed):						
11.	. Date:						
12.	Place:						
	DECLARATION						
an co	declare that the above information furnished under Whistle Blower Policy is true and correct. In aware that in case of wrong complaint, I am liable for disciplinary action as per policy. Infirm that, I have not made any similar/identical allegations of corruption/misuse of office to other authorities to qualify as a 'Whistle Blower Complaint'.						
Da	ite:						
Ρl	ace: [SIGNATURE OF EMPLOYEE]						

B. WHISTLE BLOWER COMPLAINT

BRIEF FACTS OF THE CASE REPORTED UNDER

Code No	Date of filling Complaint	Initial of Designated Authority	
	(For use of Designate	ed Authority, Do not write anything abov	e it)
Staten	nent of facts: (Please use e	extra pages if necessary)	
	nent detailing acts of come is made: (Please use ext	missions/omissions of the person(s) aga ra pages if necessary)	ainst whom dis-
Was th	is disclosure made to any	one in the past? If yes, when and to wh	nom?