Blow the Whistle

Both **Staff** and **Customers** may refer their concerns directly to the "Whistle Blowing Function" which is managed at the very senior level of the Bank, by filling the below form. Alternately, the concerns can also be communicated through naseer.ladhani@sindhbankltd.com (Before filling out this form, we encourage all the Whistle-Blowers to first read and fully understand the contents of the Bank's Whistle Blowing Policy)

1.	Provide Complaint details. Attach additional pages if necessary.
2.	Incident Type – What is the nature /impact of this incident? Please select to best of you knowledge.
	Market Abuse Money Laundering Terrorist Financing Theft Fraud Bribery and Corruption Serious Irregularities (Financial Reporting) I'm not Sure!
3. '	Which officials/employees do you think are involved and/or responsible for this incident
	Duration/Time - When do you think this incident took place? Provide estimated duration rt Date
End	d Date

Where this incident took place	e? Provide Location details.	
	sh to complain about, been reported to any other person? en to whom and when)	
5. How does the Whistle-blow Anonymous Confidential No restriction	er wish to be identified?	
If "Confidential" or "No restriction" options have been selected then please provide t requested information in full:		
ı	Name:	
,	Address:	
i	Phone	
	No.	
	Cell No.	
I	Email:	
	Re <u>s</u> et <u>S</u> ubmit	

5. Location of the incident