PORT CITY NIDHI LIMITED
21D/2, W.G.C, ROAD, TUTICORIN - 628002

Annexure – 'A'

SAMPLE FORMAT FOR WHISTLE BLOWING

Note: The whistle-blowing complaint should be submitted within **30 days** of the occurrence of the concern/event (or prior to its occurrence, if anticipated).

Date of Event	DD / MM / YYYY
Name of Employee / Director / Stakeholder	
E-mail ID	
Contact Number	
Address for Communication	
Subject / Event Focused At	*(Name of person(s) or department involved)*
Brief Description of Concern	*(Provide specific details, dates, times, and nature of misconduct)*
Evidence Enclosed (if any)	*(List attached documents, emails, photos, or audio/video logs)*

Signature of Whistle-Blower: _____

Date: _____