

Annexure- 2: Hotline Whistle -blower Complaint Form

PURPOSE: The Hotline Whistle-blower Management Team receives and tracks complaints about inappropriate conduct or behaviour, such as demanding or accepting bribes, questionable accounting or fraudulent financial transactions, misuse of funds, abuse of powers, theft, embezzlement, sexual harassment, health & safety risks, breach of company code, policies & laws by Nayara energy employees and Associates.

OBJECTIVE: The Hotline Whistle-blower Management Team operates the Hotline Whistle-blower Program and, when appropriate, investigates and attempts to resolve individual complaints.

RETALIATION: No Company officer or Management personnel may terminate, demote, suspend or take other similar adverse employment action against any Whistle-blower or Complainant because he or she has in good faith filed a whistle-blower complaint. An act of retaliation should be reported immediately to the **Audit Committee**, which will investigate any such report.

INSTRUCTIONS: Please enclose the completed form in an envelope marked “Confidential” and mail it to:

Office of the Hotline Whistle-blower Management Team
Nayara Energy Limited
5th Floor, Tower-2,
Equinox Business Park
L.B.S Marg, Kurla West
Mumbai – 400070

To file your complaint online, go to <https://whistleblower.nayaraenergy.com> and fill the details. Each complaint is assigned and recorded with a unique tracking number and carefully evaluated to determine whether it warrants an investigation. The Hotline Whistle-blower Management Team will provide you with your tracking number if you provide us with your contact information.

FEEDBACK: The Office of the Hotline Whistle-blower Management Team is committed to providing quality service to Company officers, Employees, and members of our Third Parties, public. Please complete our feedback survey at the conclusion of the investigation. Please see the Hotline Whistle-blower Policy provided in the web portal for more information.

Disclosure – Select One

- Anonymous - If you elect this status, do **NOT** provide your name or other personal Identifier
- Consent to Disclosure - I consent to the disclosure of my identity to the Hotline Whistle-blower Team in order to further investigation of this complaint.
- Non-Consent to Disclosure - I do not consent to disclosure of my identity to Hotline Whistle-blower Team, but I understand that non-disclosure of my identity may hinder the Hotline Whistle-blower Team’s ability to investigate and appropriately address the complaint.

Your Contact Information (Do **NOT** complete if filing anonymously)

First Name: _____

Last Name: _____

Your Status:

- Active / Former Company Employee
- Contract / Temporary Employee
- Vendor / Supplier / Contractor / Third Party/ Franchisee / Dealer
- Investor
- Customer / Public

Address Line 1: _____

Address Line 2: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Contact Telephone / Mobile : _____

Best Contact Time:

- Morning
- Afternoon

Use this section to provide details of your allegation(s). Please clearly state the subject of your complaint and provide names, dates, times, and locations in the applicable fields. Also state how you became aware of the problem, efforts made thus far to correct the problem, and let us know what other offices (including outside Company offices) you have contacted for assistance, and if you have outstanding complaints with those offices. If you have supporting documentation or chronologies, it would be helpful to enclose copies of those documents along with your complaint filing.

What is your complaint about? – Select One

- Corruption / Bribery / Integrity related
- Misuse of Company funds / Abuse of Authority related
- Accounting or financial reporting violations related
- Fraud / Theft / Embezzlement related
- Sexual Harassment related
- Retaliatory Actions like Harassment and Discrimination related
- Leakage of critical data/ information or breach of data protection related
- Breach of Company Policies related
- Health and Safety Risks related
- Any other in appropriate conduct related: _____

Person(s) - Who committed the alleged wrongdoing? What department or office is involved?

Person's Status – Select One

- Active / Former Company Employee
- Contract / Temporary Employee
- Vendor / Supplier / Contractor / Third Party / Franchisee / Dealer
- Investor
- Customer / Public

Person's First Name: _____

Person's Last Name: _____

Person's Department: _____

Allegation / Improper Conduct Details - Provide a summary of your complaint, to include event chronology if appropriate. Number the allegations. Use additional paper if necessary.

1. What did the subject(s) do or fail to do that was wrong?

2. When did the incident occur?

3. When were you made aware of the problem?

4. Where did the incident take place?

5. What rule, regulation, or law do you believe to have been violated?

6. Briefly summarize how you believe our office can assist you regarding your complaint.

Have you reported this matter to any other organizations/agencies?

- Yes
- No

If Yes, Which Organization / Agency?

When?

What is the status of that complaint?

- Open
- Under Investigation
- Closed
- Unknown

To whomsoever it may concern

I certify that all of the statements made in this complaint are true, complete, and correct, to the best of my knowledge.

Signature

Name

Date