

## Annexure 1 - Template for Reporting Violation

Please select the applicable incident type(s) from the list below that best describes the issue(s) you are reporting. Please note that multiple issues can be selected:

- |   |                          |
|---|--------------------------|
| 1) Misappropriation of company assets or resources                          | <input type="checkbox"/> |
| 2) Conflict of interest   | <input type="checkbox"/> |
| 3) Inappropriate sharing of confidential information                        | <input type="checkbox"/> |
| 4) Financial fraud of any nature  | <input type="checkbox"/> |
| 5) Violation of gifts and entertainment policy                              | <input type="checkbox"/> |
| 6) Non-adherence to safety guidelines                                       | <input type="checkbox"/> |
| 7) Inaccurate financial reporting   | <input type="checkbox"/> |
| 8) Bribery & Corruption   | <input type="checkbox"/> |
| 9) Other forms of Harassment – Victimization, Bullying, Discrimination etc. | <input type="checkbox"/> |
| 10) Social Media Usage  | <input type="checkbox"/> |
| 11) Misuse of authority   | <input type="checkbox"/> |
| 12) Environment, health and safety  | <input type="checkbox"/> |
| 13) Concurrent employment   | <input type="checkbox"/> |
| 14) Others_(Please Specify) _____   | <input type="checkbox"/> |

**Please provide name, designation and department of the person(s) involved?**


When did the incident occur? (Please provide tentative date if you do not know the exact date)

\_\_\_\_\_

Please confirm the location of the incident

\_\_\_\_\_

How did you find out about this incident?

\_\_\_\_\_

How long has this been occurring for?

\_\_\_\_\_

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- Less than a month
- 1-6 months
- 6-12 months
- Greater than 12 months

Please provide a detailed description of the incident. To enable your company to act on your complaint, you are requested to provide specific information where possible including names, location, date, time etc.

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Do you have any evidence in support of your allegations?

- Yes
- No

Is anyone else aware of this incident?

- Yes
- No

Is there any additional information that would facilitate the investigation of this matter?

- Yes
- No

Have you reported this incident to anyone in the company?

- Yes
- No

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Name of the Person reporting (optional): \_\_\_\_\_

Contact Information (incl email optional): \_\_\_\_\_