

Annexure 3

FORMAT OF CONFIRMATION BY WHISTLE BLOWER

From	
Name of the Whistle Blower :	GEN ID (if applicable):
Name of the organisation :	
Address:	
To	
The Ombudsperson	
Rane TRW Steering Systems Private Limited	
Address:	
Consent and Undertaking	
I an employee of, in respect of Protected Disclosure made by me against (<i>name of the Subject</i>) on (<i>date</i>) hereby agree and undertake to -	
(i) agree to any investigation made by the Company under the Whistle Blower policy to verify or confirm the information I have given or any other investigation	
(ii) substantiate the Protected Disclosure, appear and testify before the investigator(s) ; and	
(iii) co-operate in the investigation proceedings	
Date :	
Place :	Signature :
	Whistle Blower