

## Field Verification Report(FVR)

Sr. No.	Person conducting Field Verification to fill/strike off relevant fields	
1	Account Number, Customer Name	39217222, Raval Jignesh Shaileshkumar
2	Account Type	Commercial
2	Address	326 sv square, New Ranip Road, Ahmedabad, AHMEDABAD, GUJARAT 382470, AHMEDABAD, GUJARAT, 382470
3	Address Findings	Entity Contacted
4	Name Board Sighted	Name Board appearing on the Door
5	Auto Generated Investigating officials comment	COMMERCIAL VERIFICATION OF APL INSURANCE, VISTED AT ADDRESS 326 SV SQUARE, NEW RANIP ROAD, AHMEDABAD, AHMEDABAD, GUJARAT 382470, AHMEDABAD, GUJARAT, 382470, ENTITY CONTACTED, NAME BOARD APPEARING ON THE DOOR. , NAME OF MET PERSON JIGNESHBHAI RAVAL, RELATIONSHIP WITH APL SELF NATURE OF BUSINESS CONSULTANCY OWNERSHIP TYPE OWNED, STABILTY SINCE JAN/2010, PRREMISE AREA , NBHR HOOD AREA COMPLEX, LOCALITY HIGHER MIDDLE CLASS, TPC ANAND BHAI NBHR RIGHT SIDE CNF APL BIZ DETAILS LOCATION , LT23.0893709, LG 72.5648607
6	Residence Type	
6	Ownership Type	Owned
7a	Residence Stability	Jan/2010
7b	Neighbourhood Area	Complex
8	Locality	Higher Middle class
9	Third Party Confirmation	ANAND BHAI

10	Name of Person Contacted	jigneshbhai raval
11	Untraceable Reason	Select Untraceable Reason
12	Person Designation	owner
13	Other relevant details which you would like to share	ceo and owner of lic and health insurance
14	Gist Discussion	working since last 10years
15	GPS Location	S.V Square Complex, 3HQ7+QW4, New Ranip, Ahmedabad, Gujarat 382470, India

**Important - Mandatory to be filled**

1	Date and Time of Visit	10-04-2025 12:35:18
2	Name of External Agency	RNFI SERVICES LIMITED
3	Name of Checker for FV Report	Priyanka Bisht
4	Signature of Checker for FV Report	
5	* Verification Status	Success
6	* Overall opinion on the account activity.	



Image  
1



Image  
2



Image  
3



S.V Square Complex, 3HQ7+QW4, New Ranip  
10-04-2025 12:34:53 pm  
23.0893656,72.5648206



Image  
4



S.V Square Complex, 3HQ7+QW4, New Ranip  
10-04-2025 12:34:34 pm  
23.0893847,72.5648708