


Field Verification Report(FVR)

Sr. No.	Person conducting Field Verification to fill/strike off relevant fields	
1	Business Name	RAINTREE VETERINARY CLINIC AND REHABILITATION CENTRE PRIVATE LIMITED
2	Customer Name / Customer Code	9401804837
3	Address	1202 FORUM UDAY BAUG,WANOWRI,HADPSAR I EWANOWRI,HADPSAR I E
4	Name of the Person met	NA
5	Designation of the Contacted Person in that Firm	NA
6	Address Findings	Address found
7	Business Premises owned or rental	NA
8	Number of years in Business	NA
9	Merchant Premises is in residential or commercial building	NA
10	Nature Of Goods sold or services given at merchant location	NA
11	Level of Stock/Inventory seen at merchant location (Good/Average/Nominal)	NA
12	Number of Employees at the merchant location	NA
13	Mswipe Machine/QR seen or not	NA
14	Merchant Neighbour Name	NA
15	Neighbour feedback on merchant	NA
16	Business Premise Size	NA
17	Business Board seen (Yes/No)	NA
18	Investigating officials comment/conclusion about address and name board sighted	NA

19	GPS Location	624/4/C, Wanwadi, Kurali, Pune, Maharashtra 410501, India
20	Fv Status	Positive
22	Gist of Discussions	NA
23	Device Pic	<div><p>624/4/C, Wanwadi, Kurali, Pune, Maharashtra 19-04-2025 02:11:04 pm 18.4916482,73.9001434</p></div>

24



Name Board



25

Inside of the Shop



26	Outside of the Shop	 <p>624/4/C, Wanwadi, Kurali, Pune, Maharashtra 19-04-2025 02:11:54 pm 18.4916112,73.9002404</p>
27	Merchant Photo	 <p>624/4/C, Wanwadi, Kurali, Pune, Maharashtra 19-04-2025 02:11:42 pm 18.4916381,73.9002104</p>

Important - Mandatory to be filled

1	Date and Time of Visit	19-04-2025 14:12:01
2	Name of the person doing Field Verification(FV)	MUBEEN ISHAQUE BAGBAN
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	
5	* Overall opinion on the account activity.	
5	Reference Number	REF25924

