

## Field Verification Report(FVR)

<b>Sr. No.</b>	<b>Person conducting Field Verification to fill/strike off relevant fields</b>	
1	Business Name	STOCKWELL MEDICALS
2	Customer Name / Customer Code	9401973005
3	Address	SHOP NO 1-2, SHIV CAMPUS B S DRASHTI COMPLEX, L P SAVANI CIRCLE, ADAJAN DN, 395009
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	A Block, LP Savani Cir, Honey Park Area, Pankaj Nagar, Surat, Gujarat 395009, India

20	Fv Status	Positive
22	Gist of Discussions	The costumer has applied for the new device.
23	Device Pic	
24	Name Board	
25	Inside of the Shop	

26	Outside of the Shop	<p>A Block, LP Savani Cir, Honey ... 19-04-2025 05:20:24 PM 21.2021173,72.7822708</p>
27	Merchant Photo	

#### Important - Mandatory to be filled

1	Date and Time of Visit	19-04-2025 17:21:16
2	Name of the person doing Field Verification(FV)	R001338563
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	