


## Field Verification Report(FVR)

Sr. No.	Person conducting Field Verification to fill/strike off relevant fields	
1	Account Number, Customer Name	3227574039, MOHD. ISLAMUDDIN SAIFI
2	Address	C/O RAMZAN ALI HOUSE NO-786 GALI NO-1 ISMAILPUR VISTAR NEAR DARGAH WALI MASJID AMARNAGAR HARYANA FARIDABAD 121003, FARIDABAD, DELHI, 121003
3	Address Findings	Entity Contacted
4	Name Board Sighted	No name board seen
5	Investigating officials comment/conclusion about address and name board sighted	VISIT CONDUCTED AT GIVEN ADDRESS C/O RAMZAN ALI HOUSE NO-786 GALI NO-1 ISMAILPUR VISTAR NEAR DARGAH WALI MASJID AMARNAGAR HARYANA FARIDABAD 121003, FARIDABAD, DELHI, 121003 ON DATE 08-05-2025 11:21:42.ENTITY CONTACTED, WHERE WE MET WITH SABNAM ( WHO IS APPLICANT SPOUSE, ). APPLICANT OCCUPANCY AT THE CURRENT PREMISE IS FROM JAN/2014. AND THE PREMISE IS OWNED. GIVEN AREA IS RESIDENTIAL. THE EMPLOYMENT STATUS OF THE APPLICANT IS BUSINESS AREA AND NEIGHBOUR CONFIRMED KNOW .
6	Whether authorised signatory met or not?	yes
7	Who was contacted at customer's address?	Sabnam
7a	How related to customer?	Spouse
7b	Gist of discussions	N/A
8	If authorised signatory not met, the reasons for it and inquiries made about whereabouts	N/A
9	Customer's reaction at time of Field Verification	comfortable
10	Business Premise Type	N/A
11	Nature of business	N/A

12	Related stock seen in premises?	N/A
13	Duration of occupancy at current premise - indicating since when occupied	Jan/2014
13a	In case of rented agreement till which date agreement exists	N/A
14	Business Premise Size	N/A
15	Total Employee strength	
16	No. of Employees seen during visit	N/A
17	Other relevant details which you would like to share	
18	Any complaints against the customer	No
18a	Please specify	N/A
19	Enquiry details of customer from its surrounding/market	Know
20	Do Neighbours/ Neighbouring shops or offices know the customer	Yes
21	Customer employment details(in case of Saving account)	Business
22	GPS Location	318A, Om Nagar, Ismailpur, Faridabad, Haryana 121013, India

**Important - Mandatory to be filled**

1	Date and Time of Visit	08-05-2025 11:21:42
2	Name of External Agency	RNFI SERVICES LIMITED
3	Name of Checker for FV Report	Rajesh Massey

4	Signature of person doing Field Verification(FV)	
5	Signature of Checker for FV Report	
6	* FV Status	To be continued
7	* Overall opinion on the account activity.	

