

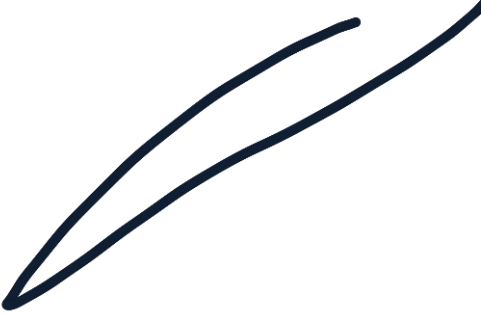
Field Verification Report(FVR)

Sr. No.	Person conducting Field Verification to fill/strike off relevant fields	
1	Account Number, Customer Name	5069509114, SACHIN KUMAR
2	Address	ADDRESS - HOUSE NO 7 GALI NO 2 OPPOSITE HANUMAN MANDIR DEVDUT COLONY ASALAT NAGAR PO; MURAD NAGAR DIST; GHAZIABAD GAUTAM BUDDHA NAGAR UTTAR PRADESH 201206, GAUTAM BUDDHA VIHAR, UTTAR PARDESH, 201206
3	Address Findings	ADDRESS NOT FOUND
4	Name Board Sighted	No name board seen
5	Investigating officials comment/conclusion about address and name board sighted	VISIT CONDUCTED AT GIVEN ADDRESS ON DATE 12-05-2025 AT 18:42:02. ADDRESS NOT FOUND, AND WE COULD NOT MEET WITH ANYONE AT THE LOCATION. WE THEN CALLED THE APPLICANT ON HIS GIVEN NUMBER, AND HE ANSWERED THE CALL, CONFIRMED HIS IDENTITY AND ACCOUNT, BUT DENIED TO PROCEED WITH THE VERIFICATION. HE ALSO STATED THAT HE WILL VISIT HIS BRANCH INSTEAD. THE GIVEN AREA IS RESIDENTIAL, AND LOCAL ENQUIRIES REVEALED THAT NO ONE KNOWS THE APPLICANT.
6	Whether authorised signatory met or not?	NO
7	Who was contacted at customer's address?	N/A
7a	How related to customer?	N/A
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	
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	N/A
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	N/A
18	Any complaints against the customer	N/A
18a	Please specify	N/A
19	Enquiry details of customer from its surrounding/market	NO
20	Do Neighbours/ Neighbouring shops or offices know the customer	N/A
21	Customer employment details(in case of Saving account)	Business
22	GPS Location	QF3R+HMG, Asalat Nagar, Uttar Pradesh 201206, India

Important - Mandatory to be filled

1	Date and Time of Visit	12-05-2025 18:42:02
2	Name of External Agency	RNFI SERVICES LIMITED
3	Name of Checker for FV Report	Neeraj Anand

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

