

Field Verification Report(FVR)

| Sr. No. | Question | Answer |
|---------|---|---|
| 1 | Order Number/ Case Identifier | a80faef5-d148-4e62-a695-bdc4bc255e7a |
| 2 | Name of customer | Irshad chaus |
| 3 | Address | 39/22 ,Talawade Road ,Pimpri-Chinchwad ,Jyotiba Nagar Talawade ,Talwade , , Pimpri-Chinchwad ,Pune ,Pune Division,PUNE,Maharashtra,411062 |
| 4 | Address with Landmark (Address enhancements as the executive reached the shop) | NA |
| 5 | Name of Person Met | NA |
| 6 | Relationship | NA |
| 7 | Ownership of Office | Rented |
| 8 | If Rented (Monthly Rent (O)) | 5000 |
| 9 | Area Locality | Commercial |
| 10 | Name Plate / Address plate - Available | No |
| 11 | Years at current office | More than 3 |
| 12 | Office Type | Shop in Residential Area |
| 13 | Visit Lat Long | 18.6866 , 73.7910 |
| 14 | Type of Set up | Fixed - Semi Pucca |
| 15 | Number of Employees | 0-2 |
| 16 | Neighbour Check | NA |
| 17 | Merchant Name | IRSHAD MAHEBUB CHAUS |
| 18 | Contact Number | 9890885564 |
| 19 | Final Status | Negative |
| 20 | Detailed Final Remarks/Comments | |
| 21 | GPS Location | B/115, Sonawane Wasti Rd, Kadolkar Colony, Jyotiba Nagar, Talwade, Pimpri-Chinchwad, Maharashtra 411062, India |

23

Shop front photo with full vertical viewpoint i.e; shop board, sealing, entrance, ground on which the shop is established (cemented, pilers, bricks, stands, mud, wheels etc.)



B/115, Sonawane Wasti Rd, Kadolkar Colony

12-05-2025 06:29:17 pm

18.6865338,73.7910084

24

Take Photo of Person Met
Inside the Shop



B/115, Sonawane Wasti Rd, Kadolkar Colony

12-05-2025 06:29:44 pm

18.6865338,73.7910084

25

Take Photo of QR
Code/Soundbox/EDC
Machine



Shop front with horizontal view covering the left & right of the shop establishing if the shop is an individual structure, in a marketplace, highway, isolated place, in a cluster framework.



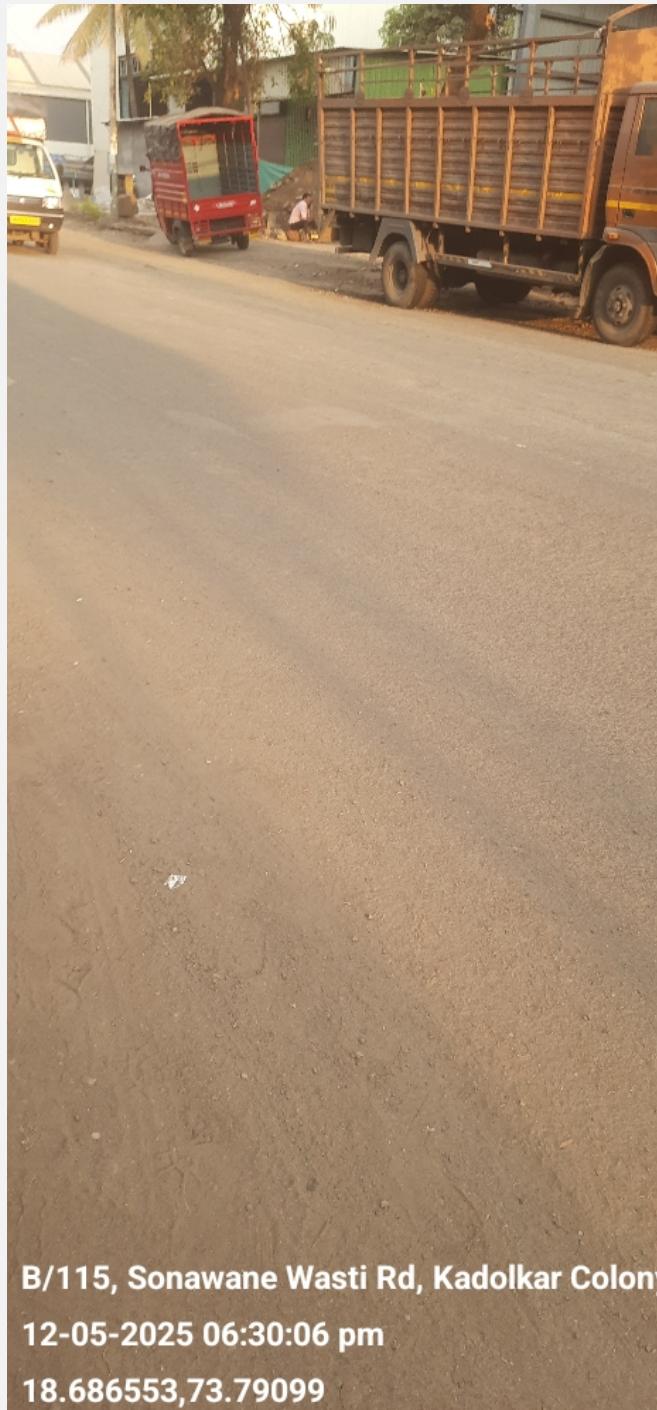
27

Shop inside with inventory photos establishing that the inside is of the same shop where the front photo was taken



28

Neighbourhood photo of the shop



Important - Mandatory to be filled

| | | |
|---|---|-----------------------------|
| 1 | Date and Time of Visit | 12-05-2025 18:30:41 |
| 2 | Name of the person doing Field Verification(FV) | SHASHIKANT BALWANT YEOLEKAR |
| 3 | Name of External Agency | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report | |