

## Field Verification Report(FVR)

| Sr. No. | Person conducting Field Verification to fill/strike off relevant fields |  |
|---------|---|--|
| 1       | Account Number, Customer Name   | aAhOS00000D8pPI0AZ, JOCHHAN PANJA  |
| 2       | Account Type  | Residential  |
| 2       | Address   | Sangam sadan Room no-18, Kisan nagar, Wagle Estate near Sai hospital THANE Mumbai, THANE, MAHARASHTRA 400604 India, THANE, MAHARASHTRA(MUMBAI), 400604   |
| 3       | Address Findings  | Entity Not Contacted   |
| 4       | Name Board Sighted  | No Name Board seen   |
| 5       | Auto Generated Investigating officials comment                          | RESIDENTIAL VERIFICATION OF APL JOCHHAN PANJA WAS CONDUCTED AT THE GIVEN ADDRESS: SANGAM SADAN, ROOM NO-18, KISAN NAGAR, WAGLE ESTATE, NEAR SAI HOSPITAL, THANE, MUMBAI, MAHARASHTRA, 400604. THE ENTITY WAS NOT CONTACTED IN PERSON. HOWEVER, A CALL WAS CONNECTED, AND THE APPLICANT DENIED THE VERIFICATION. THE AREA IS RESIDENTIAL. THIRD-PARTY CONTACT HARSHAL, LOCATED NEARBY, ALSO REFUSED TO SHARE ANY DETAILS ABOUT THE APPLICANT. HENCE, BASED ON THE ABOVE REMARKS, THE VERIFICATION IS CONSIDERED FAILED. LOCATION COORDINATES: LATITUDE 19.189442, LONGITUDE 72.9463372. |
| 6       | Residence Type  | N/A  |
| 6       | Ownership Type  | N/A  |
| 7a      | Residence Stability   | N/A  |
| 7b      | Neighbourhood Area  | Residential  |

|    |  |  |
|----|--|--|
| 8  | Locality   | N/A  |
| 9  | Third Party Confirmation                             | Harshal  |
| 10 | Name of Person Contacted                             | N/A  |
| 11 | Untraceable Reason                                   | N/A  |
| 12 | Person Designation                                   |  |
| 13 | Other relevant details which you would like to share |  |
| 14 | Gist Discussion                                      | applicant denied for verification  |
| 15 | GPS Location   | Shop no 32 Shree nager shopping complex Shree nager ,wagale estate Thane (, W ), C Wing, Shree Nagar, Thane West, Thane, Maharashtra 400604, India |

**Important - Mandatory to be filled**

|   |  |                       |
|---|--|-----------------------|
| 1 | Date and Time of Visit                     | 14-05-2025 15:19:51   |
| 2 | Name of External Agency                    | RNFI SERVICES LIMITED |
| 3 | Name of Checker for FV Report              | Rajesh Massey         |
| 4 | Signature of Checker for FV Report         |                       |
| 5 | * Verification Status                      | Failure               |
| 6 | * Overall opinion on the account activity. |                       |



Image  
1





Image  
2





Image  
3



Shop no 32 Shree nager shopping ...  
14-05-2025 03:19:35 pm  
19.1894516,72.9462159



Image  
4

