






Field Verification Report(FVR)

| Sr. No. | Person conducting Field Verification to fill/strike off relevant fields | |
|---------|---|---|
| 1 | Business Name | KAMAL AGRAWALLA |
| 2 | Customer Name / Customer Code | 9401869755 |
| 3 | Address | SAHOOPADA KUMANDA KUMANDA KUMANDA DIST ANUGUL |
| 4 | Name of the Person met | NA |
| 5 | Designation of the Contacted Person in that Firm | NA |
| 6 | Address Findings | Address not 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 | V36P+6J3, Kaniha - Angul Rd, Kumand, Odisha 759143, India |
| 20 | Fv Status | Null |

| | | |
|----|---------------------|---|
| 21 | Negative reason | NA |
| 22 | Gist of Discussions | Customer number not connecting |
| 23 | Device Pic |  <p>V35P+GXF, Kaniha - Angul Rd, Sikshyakpada 09-06-2025 05:48:06 PM 20.8586234,85.0877849</p> |
| 24 | Name Board |  <p>V36P+6J3, Kaniha - Angul Rd, Kumand, ... 09-06-2025 05:48:13 PM 20.8586234,85.0877849</p> |
| 25 | Inside of the Shop |  <p>V36P+6J3, Kaniha - Angul Rd, Kumand, ... 09-06-2025 05:48:20 PM 20.8586234,85.0877849</p> |
| 26 | Outside of the Shop |  <p>V36P+6J3, Kaniha - Angul Rd, Kumand, ... 09-06-2025 05:48:46 PM 20.8586234,85.0877849</p> |

| | | |
|----|----------------|---|
| 27 | Merchant Photo |  |
|----|----------------|---|

| Important - Mandatory to be filled | | |
|------------------------------------|---|-----------------------|
| 1 | Date and Time of Visit | 09-06-2025 17:51:34 |
| 2 | Name of the person doing Field Verification(FV) | AJAYA KUMAR GARNAYAK |
| 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 | REF33181 |

