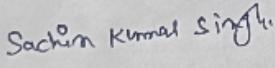


PERSON CONDUCTING FIELD VERIFICATION TO FILL/STRIKE OFF RELEVANT FIELDS

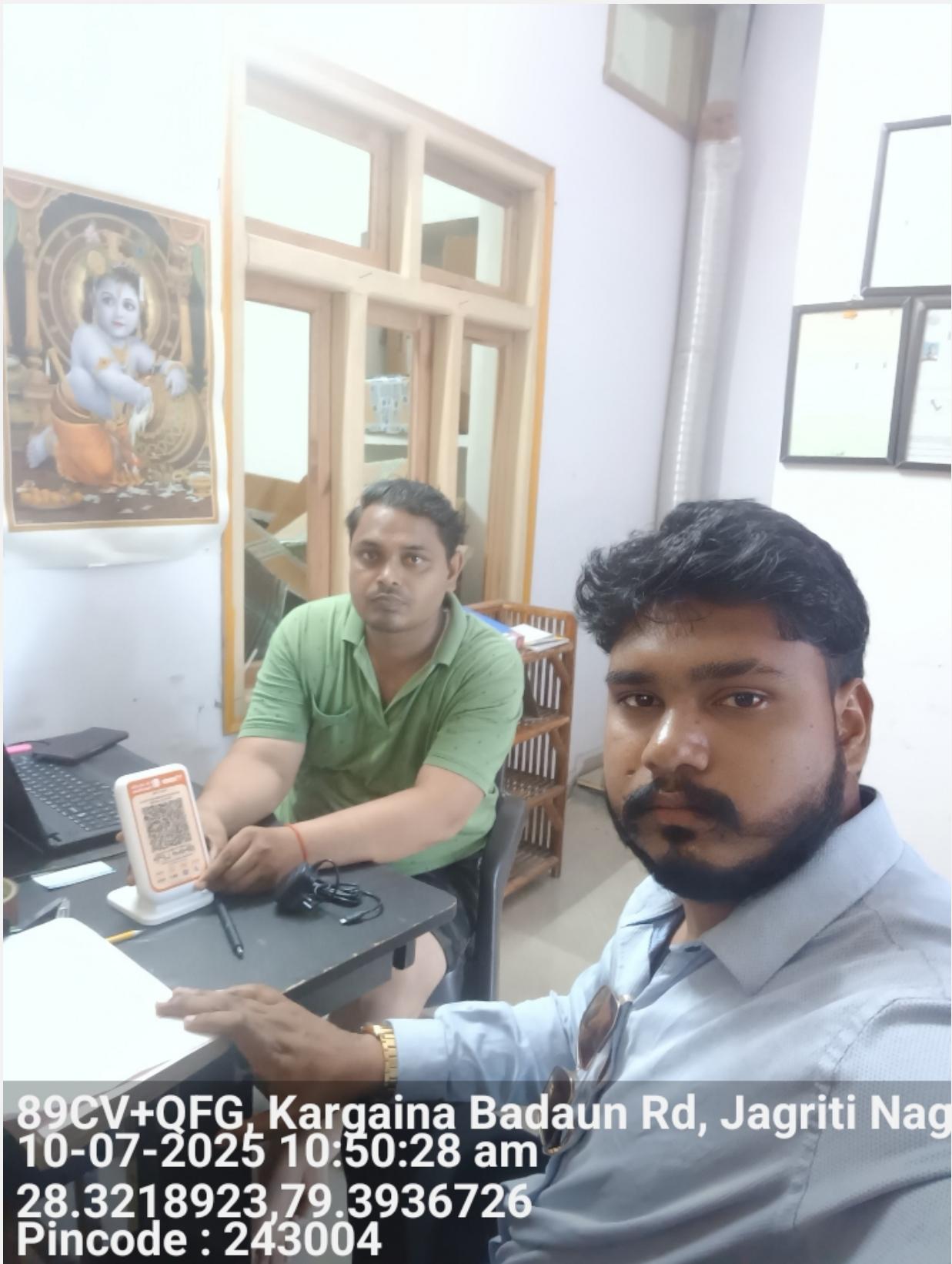
1	Merchant Name	SAYACOR PHARMACEUTICALS PRIVATE LIMITED
2	Merchant Id	BOB00003189333
3	Merchant Mobile No	9997723866
4	Merchant Address	VINAYAK HOME COLONY BAREILLY BAREILLY
5	Merchant City	BAREILLY
6	Pincode	243001
7	Merchant State	UTTAR PRADESH(WEST) & UK
8	Device ID	38250322207102
9	Sim No	8991922406977671565U
10	BankName	BOB
11	job_sheet_image_latitude	28.3218911
12	job_sheet_image_longitude	79.3936718
13	customer_image_latitude	28.3218923
14	customer_image_longitude	79.3936726
15	agent_remark	ankit mishra
16	fv_status	Positive

Kanex™ 280

SOUNDBOX DELIVERY CONFIRMATION JOB SHEET

CUSTOMER INFORMATION:		MERCHANT
<ul style="list-style-type: none"> • Request ID: • Merchant/Recipient Name: <u>SAYACOR PHARMACEUTICALS PRIVATE LIMITED</u> • Shop/Centre Name: • Merchant/Shop Address: <u>VINAYAK, HOME, CONOMY BAREILY</u> • Pincode: <u>243001</u> • Mob No: <u>9997723866</u> • ID Number (PAN/Voter ID/AADHAAR): 		
DEVICE INFORMATION:		<ul style="list-style-type: none"> • Device Serial No: <u>3B2SD322207102</u> • SIM No: <u>89919224069726715650</u> • VPA (Virtual Payment Address): <u>Sayacor999772344@barodamipay</u>
MANDATORY INFORMATION (YES/NO):		
Geo Tag Photo	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Device Sound Test	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
ID Proof (self-signed)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>Acknowledgment & Confirmation: I confirm that I have received the above-mentioned device and SIM in working condition. I also acknowledge that the details provided above are correct.</p> <p>Merchant Signature:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> <p style="text-align: center;">***</p> <p>*NOTE: All mandatory information must be collected as self-attested.</p>		

**89CV+QFG, Kargaina Badaun Rd, Jagriti Nag
10-07-2025 10:50:00 am
28.3218911, 79.3936718
Pincode : 243004**



Important - Mandatory to be filled

1	Date and Time of Visit	10-07-2025 10:50:33
2	Name of the person doing Field Verification(FV)	

3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Neeraj Anand

