

**PERSON CONDUCTING FIELD VERIFICATION TO FILL/STRIKE OFF
RELEVANT FIELDS**

1	Merchant Name	JAMILA KANCH WALA
2	Merchant Id	BOB000002930034
3	Merchant Mobile No	8319567592
4	Merchant Address	SUKHIA BUILDING S14A 3RD FLOOR CAWASJI PATEL ST N SUKHIA ST BUILDING FORT ABOVE LINSON TAILOR MUMBAISUKHIA BUILDING S14A 3RD FLOOR CAWASJI PATEL ST N SUKHIA ST BUILDING FORT ABOVE LINSON TAILOR MUMBAI
5	Merchant City	Mumbai
6	Pincode	400001
7	Merchant State	MAHARASHTRA(MUMBAI)
8	Device ID	38250306908252
9	Sim No	8991922406977704499U
10	BankName	BOB
11	customer_image_latitude	18.9337937
12	customer_image_longitude	72.8335404
13	job_sheet_image_latitude	18.93379
14	job_sheet_image_longitude	72.8335166
15	agent_remark	Positive
16	fv_status	Positive

SOUNDBOX DELIVERY CONFIRMATION JOB SHEET

MERCHANT

CUSTOMER INFORMATION:

Date: 15/07/2025

- Request ID:
- Merchant/Recipient Name:
- Shop/Centre Name:
- Merchant/Shop Address:
- Pincode:
- Mob No:
- ID Number (PAN/Voter ID/AADHAAR):

B08000102930034
JAMILA KANCH WALA
JAMILA KANCH WALA
SUKHIA BUILDING S14A 3RD FLOOR FORT
400001
8319567592

DEVICE INFORMATION:

- Device Serial No:
- SIM No:
- VPA (Virtual Payment Address):

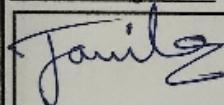
38250306908252
89919224669777044991U
Jamil@3195503@bayodampay

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"/>

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.

Merchant Signature:



*NOTE: All mandatory information must be collected as self-attested.

Building 14/14A, Veer Nariman Rd, Kala ...
15-07-2025 04:32:32 pm
18.93379, 72.8335166
Pincode : 400001



Building, 14/14A, Veer Nariman Rd, Kala ...
15-07-2025 04:32:17 pm
18.9337937, 72.8335404
Pincode : 400001

Important - Mandatory to be filled

1	Date and Time of Visit	15-07-2025 16:32:45
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

