

## Field Verification Report(FVR)

<b>Sr. No.</b>	<b>Person conducting Field Verification to fill/strike off relevant fields</b>	
1	Business Name	RAJA NAGARAJAN
2	Customer Name / Customer Code	9401937236
3	Address	GLENNEAGLES HEALTH CITY, NO.439, 1ST FLOOR OP BLOCK, CHERAN NAGAR, PERUMBAKKAM,
4	Name of the Person met	RAJA NAGARAJAN
5	Designation of the Contacted Person in that Firm	na
6	Address Findings	Address not found
7	Business Premises owned or rental	N/A
8	Number of years in Business	0
9	Merchant Premises is in residential or commercial building	Commercial
10	Nature Of Goods sold or services given at merchant location	N/A
11	Level of Stock/Inventory seen at merchant location (Good/Average/Nominal)	N/A
12	Number of Employees at the merchant location	0
13	Mswipe Machine/QR seen or not	N/A
14	Merchant Neighbour Name	N/A
15	Neighbour feedback on merchant	N/A
16	Business Premise Size	N/A
17	Business Board seen (Yes/No)	N/A

18	Investigating officials comment/conclusion about address and name board sighted	VISIT CONDUCTED AT THE GIVEN ADDRESS: GLENEAGLES HEALTH CITY, NO.439, 1ST FLOOR OP BLOCK, CHERAN NAGAR, PERUMBAKKAM, ON DATE 16-07-2025 16:42:55, BUT ADDRESS NOT FOUND AND WHERE WE COULD NOT MEET WITH ANYONE. THEN WE CONNECTED THE CALL WITH MSWIPE CUSTOMER SUPPORT AND DISCUSSION DONE. MSWIPE DEVICE NOT SEEN. THE AREA LOCATED AS COMMERCIAL.
19	GPS Location	217 Indira Priyadarshini Nagar, Perumbakkam Main Rd, Cheran Nagar, Chennai, Tamil Nadu 600100, India
20	Fv Status	Null
21	Negative reason	Address not found
22	Gist of Discussions	Address not found
23	Device Pic	 <p>217 Indira Priyadarshini Nagar, Perumbakkam 16-07-2025 04:42:43 PM 12.899289,80.2068789 Pincode : 600100</p>

24 Name Board



25 Inside of the Shop

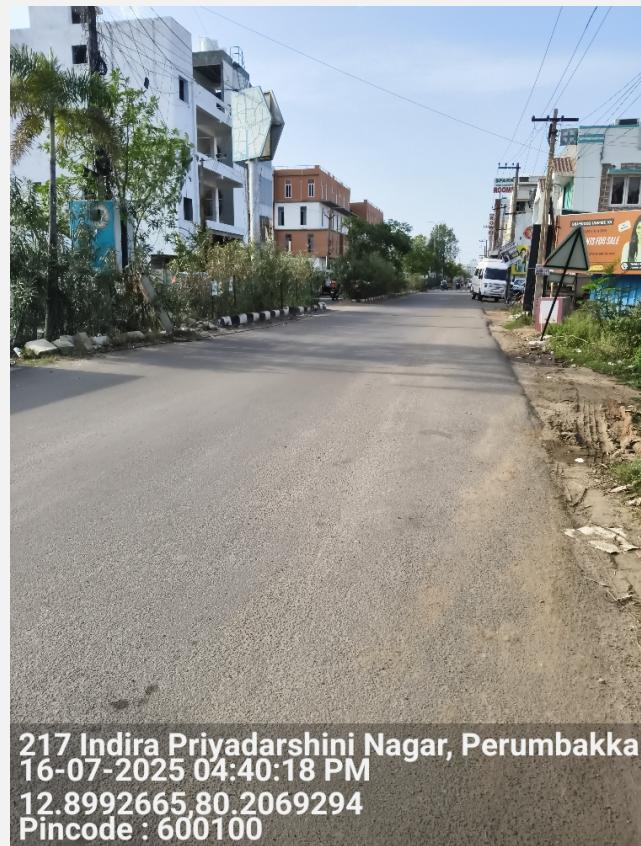


26 Outside of the Shop



217 Indira Priyadarshini Nagar, Perumbakkam  
16-07-2025 04:40:01 PM  
12.8993517,80.2069091  
Pincode : 600100

27 Merchant Photo



217 Indira Priyadarshini Nagar, Perumbakkam  
16-07-2025 04:40:18 PM  
12.8992665,80.2069294  
Pincode : 600100

**Important - Mandatory to be filled**

1	Date and Time of Visit	16-07-2025 16:42:55
2	Name of the person doing Field Verification(FV)	ARUNPRASAD M

3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	Rajesh Massey
5	* Overall opinion on the account activity.	
5	Reference Number	REF37887

