


Field Verification Report(FVR)

| Sr. No. | Person conducting Field Verification to fill/strike off relevant fields | |
|---------|--|---|
| 1 | Account Number, Customer Name | 5055198112, SONIA SETHI |
| 2 | Address | 187 4th floor new layal pur som bazar DELHI 110051, EAST DELHI, DELHI, 110051 |
| 3 | Address Findings | ENTITY NOT CONTACTED |
| 4 | Name Board Sighted | No name board seen |
| 5 | Investigating officials comment/conclusion about address and name board sighted | VIST CONDUCTED AT GIVEN ADDRESS ON DATE 23-08-2025 13:29:19, BUT ENTITY NOT CONTACTED WHERE WE COULD NOT MEET ANYONE AT THE ADDRESS AND NO NAME BOARD SEEN AND OUR PHONE CALL NOT CONNECTED, THE GIVEN AREA IS RESIDENTIAL. THE NEIGHBOURS FEEDBACK ARE NEGATIVE. |
| 6 | Whether authorised signatory met or not? | N/A |
| 7 | Who was contacted at customer's address? | N/A |
| 7a | How related to customer? | N/A |
| 7b | Gist of discussions | N/A |
| 8 | If authorised signatory not met, the reasons for it and inquiries made about whereabouts | N/A |
| 9 | Customer's reaction at time of Field Verification | |
| 10 | Business Premise Type | N/A |
| 11 | Nature of business | N/A |
| 12 | Related stock seen in premises? | N/A |
| 13 | Duration of occupancy at current premise - indicating since when occupied | N/A |

| | | |
|-----|---|--|
| 13a | In case of rented agreement till which date agreement exists | N/A |
| 14 | Business Premise Size | N/A |
| 15 | Total Employee strength | |
| 16 | No. of Employees seen during visit | N/A |
| 17 | Other relevant details which you would like to share | N/A |
| 18 | Any complaints against the customer | N/A |
| 18a | Please specify | N/A |
| 19 | Enquiry details of customer from its surrounding/market | N/A |
| 20 | Do Neighbours/ Neighbouring shops or offices know the customer | N/A |
| 21 | Customer employment details(in case of Saving account) | |
| 22 | GPS Location | Trivani Bhavan, E/17A/38, East Azad Nagar, East Krishna Nagar, Block E, Krishna Nagar, New Delhi, Delhi, 110051, India |

| Important - Mandatory to be filled | | |
|------------------------------------|--|---|
| 1 | Date and Time of Visit | 23-08-2025 13:29:19 |
| 2 | Name of External Agency | RNFI SERVICES LIMITED |
| 3 | Name of Checker for FV Report | Rajesh Massey |
| 4 | Signature of person doing Field Verification(FV) |  |

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|---|--|-------------|
| 5 | Signature of Checker for FV Report | |
| 6 | * FV Status | FV negative |
| 7 | * Overall opinion on the account activity. | |

