

Field Verification Report(FVR)

| Sr. No. | Question | Answer |
|---------|--|---|
| 1 | Order Number/ Case Identifier | 57321ac9-f2f8-4f3f-9e92-6127b2b0a619 |
| 2 | Name of customer | SANJAY KUMAR |
| 3 | Address | Maa Durga mobile Chitmandir , Baluwa Chowk, Chitmandir,East Champaran,Bihar,845401, |
| 4 | Address with Landmark (Address enhancements as the executive reached the shop) | chit mandir |
| 5 | Name of Person Met | Sanjay kumar |
| 6 | Relationship | Self |
| 7 | Ownership of Office | Own |
| 8 | If Rented (Monthly Rent (O)) | |
| 9 | Area Locality | Commercial |
| 10 | Name Plate / Address plate - Available | Yes |
| 11 | Years at current office | More than 3 |
| 12 | Office Type | Shop in Main Market |
| 13 | Visit Lat Long | 26.6432 , 84.9039 |
| 14 | Number of Employees | 2-5 |
| 15 | Neighbour Check | all ok |
| 16 | Merchant Name | SANJAY KUMAR |
| 17 | Contact Number | 8709973513 |
| 18 | Final Status | Positive |
| 19 | Detailed Final Remarks/Comments | |
| 20 | GPS Location | Chitramandir cinema campus, Balua, taal, Motihari, Bihar 845401, India |

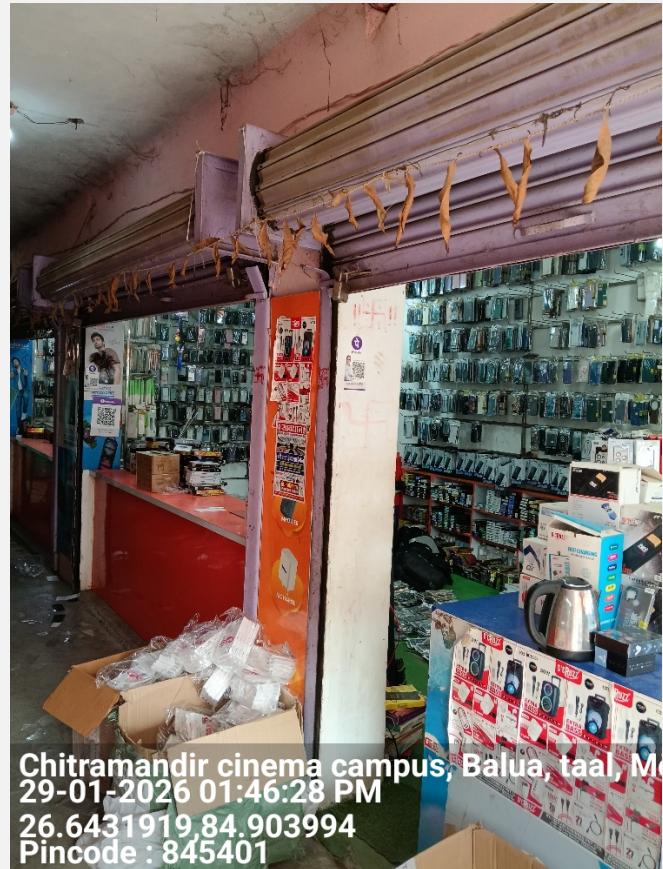
21

Take Photo if Name Plate / Address plate – Available



22

Shop front photo with full vertical viewpoint i.e; shop board, sealing, entrance, ground on which the shop is established (cemented, pilers, bricks, stands, mud, wheels etc.)



23

Take Photo of Person Met Inside the Shop



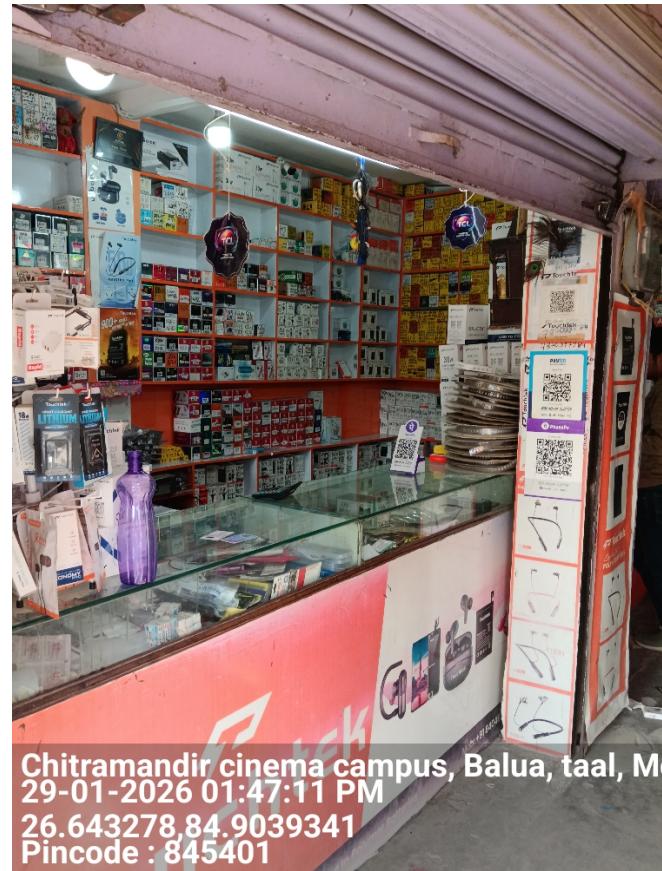
24

Take Photo of QR Code/Sandbox/EDC Machine



25

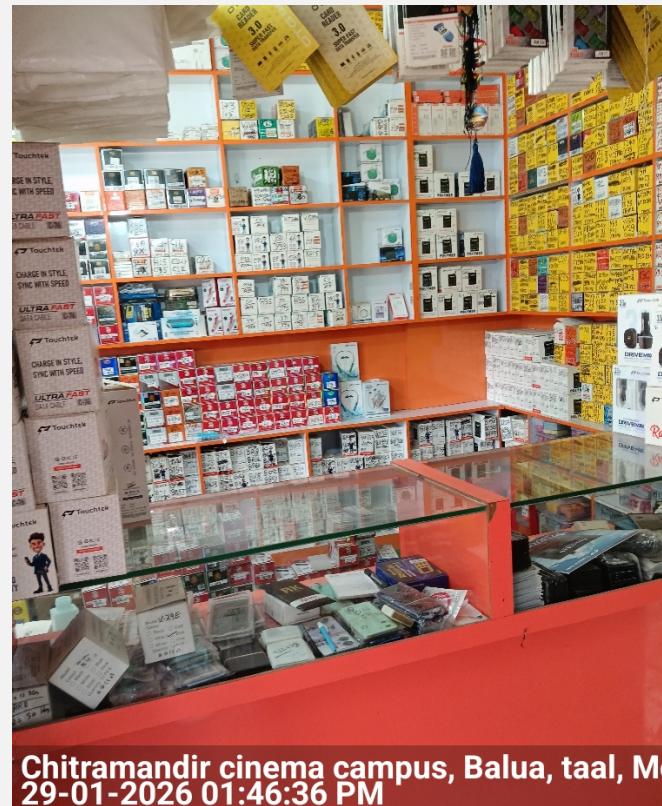
Shop front with horizontal view covering the left & right of the shop establishing if the shop is an individual structure, in a marketplace, highway, isolated place, in a cluster framework.



Chitramandir cinema campus, Balua, taal, Ma
29-01-2026 01:47:11 PM
26.643278,84.9039341
Pincode : 845401

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Shop inside with inventory photos establishing that the inside is of the same shop where the front photo was taken



Chitramandir cinema campus, Balua, taal, Ma
29-01-2026 01:46:36 PM
26.643281,84.9039431
Pincode : 845401

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Neighbourhood photo of the shop



Important - Mandatory to be filled

| | | |
|---|---|-----------------------|
| 1 | Date and Time of Visit | 29-01-2026 13:47:34 |
| 2 | Name of the person doing Field Verification(FV) | R001339602 |
| 3 | Name of External Agency | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report | |

