



**For Non-Individuals / Entities**

Enhanced Due Diligence Report		
Sr. No.	Person conducting Field Verification to fill/strike off relevant fields	
1	Account Number, Customer Name Branch Name & Code	RBLHUN48719, Aniseti Venkataganesh Branch Name, 0
2	Address	CMR SHOPPING MALL 20-1-61 SURYARAOPETA KAKINADA KAKINADA ANDHRA PRADESH 533001,KAKINADA,ANDHRA PRADESH,530001
3	Finacle Address Findings	Entity not contacted
4	Name Board Sighted	No name board seen
5	Visiting officials comment/conclusion about address and name board sighted	Nature of Activity: N/A Other observations: WE VISITED THE REGISTERED ADDRESS AT CMR SHOPPING MALL 20-1-61 SURYARAOPETA KAKINADA KAKINADA ANDHRA PRADESH 533001,KAKINADA,ANDHRA PRADESH,530001 ON 30-03-2026 10:28:41. ADDRESS NOT FOUND. WE COUD NOT MET ANYONE AT THE LOCATION.. WE CONNECTED WITH CALL WITH THE APPLICANT BUT DID NOT PICK UP THE CALL. ENQUIRIES MADE WITH THE SURROUNDING AREA CONFIRMED THAT THEY WERE NOT AWARE OF THE APPLICANT. <b>Status: Negative</b> Nature of activity matching with profile of the customer: <b>N/A</b>
6	Source of Funds / Wealth of Customer (Business / Investment / other sources of income / Professional/Consultancy Fee/Rental income etc.)	N/A
7	Who was contacted at customer's address, and how related to customer? Please also provide name, age of this person and gist of discussions	Name: N/A Relation: N/A Age: Discussions: N/A
8	Whether authorised signatory met or not? Name of Signatory met.	Yes

9	If authorised signatory not met, the reasons for it and inquiries made about whereabouts	N/A
10	Customer's response at time of Field Verification	Cooperative in providing information :
11	Business Premise Type	N/A
12	Duration of occupancy at current premise - indicating since when occupied and in case of rented agreement till which date agreement exists	N/A
13	Business Premise Size	N/A
14	Total Employee strength	
15	No. of Employees seen during visit	N/A
16	Other relevant details which you would like to share	N/A
17	Any complaints / negative information against the customer. If yes, please specify	Yes N/A
18	Enquiry details of customer from its surrounding/market	N/A
19	Do Neighbors/ Neighboring shops or offices know the customer	N/A
<b>Important - Mandatory to be filled</b>		
1	Date and Time of Visit	30-03-2026 10:28:41
2	* FV Status	Negative
3	* Overall opinion on the account activity.	

4	Details of Bank official conducting EDD	<p>Name: UDDANDA DURGA BHASKAR Employee number: ASCAP2ATPKAK01</p> <p>Signature: </p>
5	Name of External Agencyy (appointed by MOG)	RNFI SERVICES LIMITED
6	Name and Signature of Agency Official	<p>Name: Rajesh Massey</p> <p>Signature: </p>



