

## Field Verification Report(FVR)

| Sr. No. | Question   | Answer   |
|---------|--|--|
| 1       | Order Number/ Case Identifier  | ee6fa4a6-7147-48d6-8f4c-d7c68b1b10cb                                       |
| 2       | Name of customer   | SUNIL SUBHASH BHOIR  |
| 3       | Address  | Shop no 1. Uran naka , Panvel , Popular hospital,RAIGAD,Maharashtra,410206 |
| 4       | Address with Landmark (Address enhancements as the executive reached the shop) | NA   |
| 5       | Name of Person Met   | NA   |
| 6       | Relationship   | NA   |
| 7       | Ownership of Office  | NA   |
| 8       | If Rented (Monthly Rent (O))   | NA   |
| 9       | Area Locality  | NA   |
| 10      | Name Plate / Address plate - Available   | No   |
| 11      | Years at current office  | NA   |
| 12      | Office Type  | Shop in Residential Area   |
| 13      | Visit Lat Long   | 18.9692 , 73.0165  |
| 14      | Number of Employees  | NA   |
| 15      | Neighbour Check  | NA   |
| 16      | Merchant Name  | SUNIL SUBHASH BHOIR  |
| 17      | Contact Number   | 9820171834   |
| 18      | Final Status   | Return   |
| 19      | Detailed Final Remarks/Comments  | NO LANDMARK AVAILABLE AND APPLICANT WAS NOT PICKING THE CALL               |
| 20      | GPS Location   | 10, 10, Khar Kopar, Sector 8, Ulwe, Gavthan, Maharashtra 410206, India     |

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/Soundbox/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.



26

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



27

Neighbourhood photo of the shop



**Important - Mandatory to be filled**

|   |   |                      |
|---|---|----------------------|
| 1 | Date and Time of Visit                          | 18-04-2026 16:58:12  |
| 2 | Name of the person doing Field Verification(FV) | SUSHANT LAXMAN LOHAR |

|   |                               |                       |
|---|-------------------------------|-----------------------|
| 3 | Name of External Agency       | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report | Anuj Sharma           |

