

Field Verification Report(FVR)

| Sr. No. | Question | Answer |
|---------|--|---|
| 1 | Order Number/ Case Identifier | 2ec87af8-efca-4665-b9c5-1c0450dddf10 |
| 2 | Name of customer | GOKUL SUBHASH SONAWANE |
| 3 | Address | Amrut Nagar ,Thane ,Sonaji Nagar ,Mumbra , , Thane ,Thane ,Konkan Division,Mumbai,Maharashtra,400612,19.1741012,73.0229648 |
| 4 | Address with Landmark (Address enhancements as the executive reached the shop) | Amrut Nagar ,Thane ,Sonaji Nagar ,Mumbra , , Thane ,Thane ,Konkan Division,Mumbai,Maharashtra,400612,19.1741012,73.0229648 |
| 5 | Name of Person Met | |
| 6 | Relationship | |
| 7 | Ownership of Office | |
| 8 | If Rented (Monthly Rent (O)) | |
| 9 | Area Locality | |
| 10 | Name Plate / Address plate - Available | |
| 11 | Years at current office | |
| 12 | Office Type | |
| 13 | Visit Lat Long | 0.0000 , 0.0000 |
| 14 | Number of Employees | |
| 15 | Neighbour Check | |
| 16 | Merchant Name | GOKUL SUBHASH SONAWANE |
| 17 | Contact Number | 8879509884 |
| 18 | Final Status | Return |

| | | |
|----|---------------------------------|--------------|
| 19 | Detailed Final Remarks/Comments | NON FEASIBLE |
| 20 | GPS Location | |

Important - Mandatory to be filled

| | | |
|---|---|-----------------------|
| 1 | Date and Time of Visit | 29-04-2026 17:18:00 |
| 2 | Name of the person doing Field Verification(FV) | |
| 3 | Name of External Agency | RNFI SERVICES LIMITED |
| 4 | Name of Checker for FV Report | Anuj Sharma |

