

**PERSON CONDUCTING FIELD VERIFICATION TO FILL/STRIKE OFF RELEVANT FIELDS**

|    |  |   |
|----|--|---|
| 1  | Application Id                               | aAhOW000009PjpZ0AS  |
| 2  | Address                                      | ,8/171,Chinnapallivasal street,Devipattinam,Ramanathapuram,Tamil Nadu,India,623514+Devipattinam+Tamil Nadu+623514 |
| 3  | Customer Name                                | Riyazahamed.N   |
| 4  | Contact Number                               | 7200330440  |
| 5  | Product                                      | loan  |
| 6  | Pincode                                      | Tamil Nadu 623514   |
| 7  | Address Confirmed                            | Yes   |
| 8  | OCL Range                                    | Local   |
| 9  | Name of Person Met                           | RIYAZAHAMED   |
| 10 | Relationship Between Customer and Person Met | Self  |
| 11 | Verification Type                            | Residential   |
| 12 | Latitude                                     | 9.4720735   |
| 13 | Longitude                                    | 78.8938772  |
| 14 | Date of Report                               | 2026-05-14  |
| 15 | Time of Report                               | 12:44:24  |
| 16 | CPV Status                                   | Positive  |
| 17 | Remarks                                      | CUSTOMER AVAILABLE AND VERIFIED   |
| 5  | GPS Location                                 | 6/49, Chinnapalli St, Devipattinam, Tamil Nadu 623514, India  |

|    |                    |            |
|----|--------------------|------------|
| 18 | Date of Allocation | 2026-05-12 |
| 19 | Time of Allocation | 16:24:54   |

20

residence\_photo\_with\_name\_plate



21

residence\_photo\_with\_applicant



22

residence\_photo\_with\_agent



23

residence\_photo\_with\_inside\_household



24


residence\_photo\_outside



25

Photo with Agent



|    |                   |   |
|----|-------------------|---|
| 26 | Photo of ID Proof |  |
|----|-------------------|---|

| Important - Mandatory to be filled |   |                       |
|------------------------------------|---|-----------------------|
| 1                                  | Date and Time of Visit                          | 14-05-2026 12:44:24   |
| 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           |

