



Applicant Name - _____

Verification - Residence

Product Name: _____

Applicant Details

Name: _____ CNIC #: _____

Reference Person Details

Name: _____ Contact #: _____

CNIC #: _____

Residence Address: _____

Nearest Landmark: _____

GPS Location: _____

GPS URL: _____

Residence Details

Was Reference Person Availab _____ Name of Person Met: _____

Relation with Reference Person _____ Was Actual Address Same: _____

Complete Address: _____

Contact #: _____ CNIC #: _____

Lives at Given Address: _____ Residing Since: _____

Permanent Address: _____

Name Plate Affixed: _____

Residence Profile

Type of Residence: _____ Reference Person is : _____

Mention Other: _____ Mention Rent: _____

Size (Approx Area): _____ Utilization of Residence : _____

Rent Deed Verified: _____

Neighborhood Check

Neighborhood: _____ Area Accessibility: _____

Residents belong to: _____ Repossession in the Area: _____

Neighbor Check One

Neighbor's Name: _____

Neighbor's Address: _____

Knows Reference Person: _____ Knows Applicant _____

Neighbor's Comments: _____

Neighbor Check Two

Neighbor's Name: _____

Neighbor's Address: _____

Knows Reference Person: _____ Knows Applicant _____

Neighbor's Comments: _____

Verification Officer: _____ QC Officer: _____

General Comments: _____

Result of Verification: _____

* N/A = Not Applicable

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