K. G. TRADERS OneSourceServicesPartner

Applicant Name -	Verification - V	Vorkplace / Business	Habib Metropolitan Bank
Team Leader: Product Name: Applicant Details			
		CNIC #:	
Name:		CNIC #:	
Reference Details			
Name:		Contact #:	
Office Name:		Designation:	
Office Address:			
Nearest Landmark: GPS Location: GPS URL:			
Office Address Details			
Was Actual Address Same:		Established Time:	
Correct Address: Works at Given Address: New Address:		Joining Date:	
Was Reference Person Availa	ble: Reason:	Name o	of Person Met:
CNICOS:	CNIC #:	CNIC # of Pe	rson Met:
Work Office Details			
Type of Business: Reference Person is a:	Ment	_ Other Type of Business: ion Other:	Mention Rent:
Nature of Business: Business Legal Entity:		Other Nature of Business: Government Employee:	
Name Plate Affixed:		_ Size (Approx Area):	
Business Activity:		No. of Employees:	
Business Established Since:		_ Line of Business:	
Market Check One			
Neighbor's Name:			
Neighbor's Address: Knows Reference Person:	Knows	s Since	
Neighbor's Comments:	Kilows		
Business Established Since (Market Check):		
Market Check Two			
Neighbor's Name:			
Neighbor's Address: Knows Reference Person:	Knows	s Since	
Neighbor's Comments:	Rilows		
Business Established Since (Market Check):		
Verification Officer:		QC Officer:	
General Comments:			
Result of Verification:			

^{*} N/A = Not Applicable