## K. G. TRADERS OneSourceServicesPartner

| Applicant Name -                               |                            | Habib Metropolitan Bank |
|--|----------------------------|-------------------------|
|  | Verification - Residence   |                         |
| Team Leader:<br>Product Name:                  |                            |                         |
| Applicant Details                              |                            |                         |
| Name: _  | CNIC #:                    |                         |
| Co-Applicant Details                           |                            |                         |
| Name:  | Contact #:                 |                         |
| CNIC #:  |                            |                         |
| Residence Address:                             |                            |                         |
| Nearest Landmark:                              |                            |                         |
| GPS Location:                                  |                            |                         |
| GPS URL:                                       |                            |                         |
| Residence Details                              |                            |                         |
| Was Reference Person Avail                     | ab Name of Person Met:     |                         |
| Relation with Reference Person                 |                            |                         |
| Complete Address:                              | Was Astaul Addisos Sulli   |                         |
| 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:<br>Knows Reference Person: | Knows Since                |                         |
| Neighbor's Comments:                           | Kilows Silice              |                         |
| Neighbor Check Two                             |                            |                         |
| Neighbor's Name:                               |                            |                         |
| Neighbor's Address:                            |                            |                         |
| Knows Reference Person:                        | Knows Since                |                         |
| Neighbor's Comments:                           |                            |                         |
| Verification Officer:                          | QC Officer:                |                         |
| General Comments:                              |                            |                         |
|  | -<br>-                     |                         |
| D14 - 53 6 - 15 - 11                           |                            |                         |
| Result of Verification:                        |                            |                         |
|  |                            |                         |