( To be maintained by the Branch )

Branch Name : Delhi Branch Code :

Date & Time of CPV performed: 19/02/2021 10:00 Reason for CPV:

Customer Name: SABANA BANO SABANA BANO SABANA BANO

Full Address: HOUSE N0-147, BLOCK-F2 GIL FARM SANGAM VIHAR SOUTH DELHI SANGAM VIHAR SOUTH DELHI

Pin Code: 110062 Land Mark: GIL FARM

Locality Type: NA

Name plate sighted at Society/ Door:

If Yes, does name match with records:

Customer met in person:

If No, reason: NA

Name of the person contacted during CPV : NA

Relationship with customer:

Customer Contact Numbers (R): NA (O) 8822493781

Mobile no : NA E-Mail : NA

Occuption :

Occupation details : NA

No of years in present occupation : NA

Staying since at Resi : NA
Any other details : NA

Do Neighbours / Neighbouring shops or Office know the customer : NA

Name & Address Neighbours : NA

Name of Agency / Br Staff Conducting CPV : PAMAC Signature Ena Fe

Agency / Employee Code : Ena-02



Remarks: GIVEN ADDRESS HAS NOT TRACEABLE BECAUSE GIVEN IS LMC DIFFICULT AREA. LOCAL PERSON NOT CONFIRMED THERE LOCATION OF GIVEN ADDRESS. REQUIRED C/O NAME, LAND LORD NAME, SUFFICIENT LAND MARK. PHONE NO. WAS RINGING AND NOT PICK.

BM Review / Analysis (tick one): ( ) Satisfactory CPV ( ) Negative CPV

**Remarks if CPV Negative** 

BM Name :

Employee Code : Signature :

Note: BM / Branch account opening authority to carefully scrutinise the CPV form before actioning on:

- 1. Removal of block due to -ve CH126 calling.
- 2. Handover of deliverables at branch.
- 3. Authorise new account opening in case of inadequate address proof.

( To be maintained by the Branch ) Delhi **Branch Name: Branch Code:** 19/02/2021 10:00 Date & Time of CPV performed : Reason for CPV: MEHTAB ALAM MEHTAB ALAM MEHTAB ALAM **Customer Name:** J-II-B/3 GALI NO. 2 SANGAM VIHAR DEOLI SOUTH DELHI SANGAM VIHAR Full Address: Pin Code: 110062 Land Mark : DEOLI Locality Type: NA Name plate sighted at Society/ Door: If Yes, does name match with records: Customer met in person : If No. reason: Name of the person contacted during CPV: Relationship with customer: **(O)** 7099130192 Customer Contact Numbers (R): Mobile no: E-Mail: Occuption: Occupation details : No of years in present occupation: Staying since at Resi: Any other details : NA Do Neighbours / Neighbouring shops or Office know the customer : Name & Address Neighbours PAMAC Signature Ena Fe Name of Agency / Br Staff Conducting CPV: Agency / Employee Code: GIVEN ADDRESS HAS NOT TRACEABLE BECAUSE GIVEN IS LMC DIFFICULT AREA. LOCAL PERSON NOT CONFIRMED THERE Remarks: LOCATION OF GIVEN ADDRESS. REQUIRED C/O NAME, LAND LORD NAME, SUFFICIENT LAND MARK. PH. APPLICANT REFUSED FOR VERIFICATION AND NOT GUIDE FOR ADDRESS. ( ) Negative CPV BM Review / Analysis (tick one): ( ) Satisfactory CPV **Remarks if CPV Negative BM Name** Signature **Employee Code** Note: BM / Branch account opening authority to carefully scrutinise the CPV form before actioning on:

3. Authorise new account opening in case of inadequate address proof.

Removal of block due to -ve CH126 calling.
 Handover of deliverables at branch.

( To be maintained by the Branch ) Delhi **Branch Name: Branch Code:** 19/02/2021 10:00 Date & Time of CPV performed : Reason for CPV: BILAL AHMAD BILAL AHMAD Customer Name : F-2-147 SANGAM VIHAR PUSHPA F-2-147 SANGAM VIHAR PUSHPA SANGAM VIHAR Full Address: Land Mark : PUSHPA BHAWAN Pin Code: 110062 Locality Type: NA Name plate sighted at Society/ Door: If Yes, does name match with records: Customer met in person : If No. reason: Name of the person contacted during CPV: Relationship with customer: (O) 9690820997 Customer Contact Numbers (R): Mobile no: E-Mail: Occuption: Occupation details : No of years in present occupation: Staying since at Resi: Any other details : NA Do Neighbours / Neighbouring shops or Office know the customer : Name & Address Neighbours PAMAC Signature Ena Fe Name of Agency / Br Staff Conducting CPV: Agency / Employee Code: GIVEN ADDRESS HAS NOT TRACEABLE BECAUSE GIVEN IS LMC DIFFICULT AREA. LOCAL PERSON NOT CONFIRMED THERE Remarks: LOCATION OF GIVEN ADDRESS. REQUIRED C/O NAME, LAND LORD NAME, SUFFICIENT LAND MARK. PHONE NO. WAS NOT IN SERVICE ( ) Negative CPV BM Review / Analysis (tick one): ( ) Satisfactory CPV **Remarks if CPV Negative BM Name** Signature **Employee Code** Note: BM / Branch account opening authority to carefully scrutinise the CPV form before actioning on:

Removal of block due to -ve CH126 calling.
 Handover of deliverables at branch.

3. Authorise new account opening in case of inadequate address proof.

( To be maintained by the Branch ) Delhi **Branch Name: Branch Code:** 19/02/2021 10:00 Date & Time of CPV performed : Reason for CPV: MO SHAHID MO SHAHID MO SHAHID **Customer Name:** HOUSE NO 255 G-8/255/5 NEAR CRIBS HOSPITAL SANGAM VIHAR HAMDARD NAGAR HAMDARD NAGAR Full Address: Land Mark : HAMDARD NAGAR 110062 Pin Code: Locality Type: NA Name plate sighted at Society/ Door: If Yes, does name match with records: Customer met in person : If No. reason: Name of the person contacted during CPV: Relationship with customer: (O) 8822683523 Customer Contact Numbers (R): Mobile no: E-Mail: Occuption: Occupation details : No of years in present occupation: Staying since at Resi: Any other details : NA Do Neighbours / Neighbouring shops or Office know the customer : Name & Address Neighbours PAMAC Signature Ena Fe Name of Agency / Br Staff Conducting CPV: Agency / Employee Code: GIVEN ADDRESS HAS NOT TRACEABLE BECAUSE GIVEN IS LMC DIFFICULT AREA. LOCAL PERSON NOT CONFIRMED THERE Remarks: LOCATION OF GIVEN ADDRESS. REQUIRED C/O NAME, LAND LORD NAME, SUFFICIENT LAND MARK. PHONE NO. WAS NOT IN SERVICE ( ) Negative CPV BM Review / Analysis (tick one): ( ) Satisfactory CPV **Remarks if CPV Negative BM Name** Signature **Employee Code** Note: BM / Branch account opening authority to carefully scrutinise the CPV form before actioning on:

3. Authorise new account opening in case of inadequate address proof.

Removal of block due to -ve CH126 calling.
 Handover of deliverables at branch.