DEUTSCHE BANK RESIDENCE VERIFICATION

It is Mandatory to fill in the fields marked with asterisk (*)

Location: Aurangabad		Product :	HOME LOAN	Ref. No.: 1157195			
Name of the applicant (Mr./Mrs./Ms	s): MR ARVIND S DHABE						
Residence address : PLOT NO	- 32 SHOREA JETVAN COLONY	BHAVSINGPUR	A AREA SAMBHA	JI HILLS BESIDE SAI COMPUND			
	RE	SIDENCE PHY	SICAL VERIFICA	ATION			
Name of Person Contacted : M	/IRS ARCHANA		Pelation	of the person contacted : WIFE			
* Person contacted at Residence a		stave at diven ad		✓ Yes No			
Applicant Age: 10/05/1975	Applicant Qualification :	Post graduate		plicant Residence Telephone No. : NA			
Resi Telephone Number Ownershi	* *	Own	, , , , , , , , , , , , , , , , , , ,	Company Provided PP			
Application Company / Office Nam	•	<u> </u>					
Application Company / Office Add							
Applicant Designation : NA		icant Office Tel	No: NA	Yrs At Current Employment : NA			
Applicant Marritial Status :	☐ Single	▽	_	Divorsed Widow			
Spouse Working :	Yes No		Total Yrs in Ci				
Ownership of Residence :	Own			Rented PG Accomodation			
	Company	Provided		Ancestral Bach Accomodation			
Mobile No :	Pager No			Total at Current Residence : 07.			
Name on Name Board Seen :	Yes:		Name on Soci	ety Board Seen : Yes			
Permanent Address & Contact No			Number of dependents : 06				
NA				nents Submitted : NA			
				Seen at Residence : Yes			
		No of School Children Studing : 02					
Other Bank Loan :	Yes No	Type of Loan		PL HL Auto Credit Card			
Locating Residence :	✓ Easy		Little Difficult	○ Very Difficult ○ Not Found			
Locality:	Slum	Posh		Middle Class Lower Middle Class			
	Lower Class	Village Area		Chawl Type Other (Pl. specify)			
Type of House :	Hutment	Appartment		lat Chawl Type Bldg with Comm Toilet			
	Row House E	Bunglow / Villa		Part of Independant Bunglow Other			
Visible Items :	TV ✓	Sofa	\checkmark	Refrigirator Computer			
	AC ✓	Bed		Telephone			
	Others						
Approch to Residence :	Kaccharoad	Congested Stre	eet-On Foot Appro	oach On Foot Only			
	SmallStreet	-2 Wheeler Appr	oach	Tamac Road car Approach			
Exteriors Appearance :	Excellent	✓ Good		Fair Poor			
Interior Appearance :	Excellent	✓ Good		Fair Poor N			
Area (Sq. Ft): NA	Vehicle Seen :	Yes	☐ No	Parking Space Seen :			
Reputation In Neighbourhood :	✓ Good		Neutral	☐ Bad ☐ No Idea			
	Average						
Size of House :	☐ V Small		Small	✓ Medium			
		_	Siliali Yes				
Residence address is in the Negat Residence address with in the lim	·	sı.	✓ Yes				
Type of Document obtained as pro		Others:NA	_	, NO			
Neighbours Verification Status :	oor or visit to the residence.	✓ Pos		Negative			
Neighbours Name & Comments :	MR NARENDRA BARPUTE	V 103	itive	Negative			
Neighbours Name & Comments .	WIIN WANEINDINA DANI OTE						
THEY AWARE WITH THE APPLICATION	ANT NAME AND ADDRESS						
	ONFIRMED LAST 07 YEARS HOL			LATION WIFE DETAILS CONFIRMED FROM HER RS 06 NAME PLATE SEEN SOCIETY BOARD SEEN			
Pating :	✓ Satisfactory		_ "	neaticfactory			
Rating : Verifier's Name : IRFAN MOHIU	✓ Satisfactory JDDIN SIDDIQUI	Q.i.n	ervisor's Name :	nsatisfactory DHIRAJ SOMWANSHI			
Date of Visit: 13/03/2015	וטאוממוט אוופפל	-	ervisor's Name : ervisor's Signatui				
Time of Visit: 12:30		-	ncy Name & Stam	CEO.			
TIME OF VISIT. 12.00		Age	noy Hame & Stall	(alternative)			

DEUTSCHE BANK OFFICE VERIFICATION

It is Mandatory to fill in the fields marked with asterisk (*)

OFFICE PHYSICAL VERIFICATION

Location: Aurangabad Reference No.: 1157195

Name of the applicant (Mr./Mrs./Ms): MR ARVIND S DHABE Product: HOME LOAN

Office Name:

Neighbour Reffernce(2):

LOCALITY IS EDUCATIONAL AREA

Office Address: DR BABASAHEB AMBEDKAR MARATHWAD UNE DR BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY DEPARTMENT -

BOTANY

Exact Company Name & Address: MR NARAYAN PAWALE Applicant Residence Address & Telephone No: Name of Person Met : MR ARVIND **Designation of Person Met: SELF** * Person contacted at Office confirms that applicant worked / working at given address : $\overline{\mathsf{V}}$ Yes ☐ No **Applicant Department:** Applicant Email ID : **Applicant Age:** 10/05/1975 Applicant Employee ID: **PROFESSOR** Applicant Designation: Applicant PAN No: Office Telephone No : NA Applicant Mobile No: NA Office Fax No: Nature of Business : Services Years in Current Emp: NA Total Years of Exp: 19 No of Employee Seen : 20-50 No of Branches : Type of Company: Proprietory Partnership Pvt. Ltd **Public Sectore** $\overline{\mathbf{V}}$ Relatives MNC Govt Pvt Sectore Premises Type: Owned Rented Others Locating the Office : $\overline{\mathsf{V}}$ Easy Little Difficult **Very Difficult** Untraceable Locality of Office: Posh $\sqrt{}$ Middle Class **Lower Class** Village Area **Lower Middle Class** Slum **Chawl Type** Type of Office: Off Complex Clinic Resi cum Off \checkmark **Comm Complex Business Centre** Shop Factory **Business Activity:** High Medium Low None General Appearance: Excellent $\sqrt{}$ Good Fair Poor **Equipment Seen:** Computer $\overline{\mathbf{V}}$ Printer **Photocopier** $\overline{\mathsf{A}}$ Fax AC $\sqrt{}$ Telephone Machinery Average No Stock Sample Stock Seen Stock Seen: Large Name board sighted: Yes No Entry Allowed: Yes No Visiting Card Taken: Yes No Area in Sq. Ft : NA Security Guard Seen: \checkmark Yes No Reception Seen: $\sqrt{}$ Yes No Negative Area: \checkmark Within City Limits: No Yes No Yes MR NARAYAN PAWALE - THEY AWAE WITH THE APPLICANT NAME AND DESIGNATION Neighbour Reffernce(1):

Rating :

Satisfactory
UnSatisfactory
Pls give reasons for UnSatisfactory rating*

HER APPLICANT WORKING IN THIS COPANNY LAST 19 YEARS AS A PROFESSOR EMPLOYEE SEEN 30 COMPANY NAME BOARD SEEN

Verifier's Name: IRFAN MOHIUDDIN SIDDIQUI Supervisor's Name: DHIRAJ SOMWANSHI

MR MILIND SARDESAI - THEY AWARE WITH THE COMPANY NAME AND ADDRESS

Remarks #: APPLICANT NAME AND COMPANY ADDRESS IS CONFIRMED MET PERSON MR ARVIND RELATION SELF DETAILS CONFIRMED FROM

Location :AurangabadLocation :AurangabadVisit Date :13/03/2015Supervisor's Signature :Visit Time :04:45PAMAC Stamp :





