·	(Current Account Customers Individual / Non-Individual Both) (To be maintained by the Branch)
Note : Person conducting CPV to fill / Strike off the relevent fields	
Branch Name : Anna Nagar	Branch Code: 0017
Date & Time of CPV performed : 04/10/2014 15:00	Reason for CPV: VERIFICATION
Customer Name: M S KG MEDIFABB KG MEDIFABB F	PROP GOMATHY GOWTHAN City/Town : CHENNAI
Bldg Name : K-79	State : TAMILNADU
Road No./Name: 14TH STREET	Pin Code: 600040
Landmark: ANAN NAGAR EAST	Country : INDIA
Constitution: NA	Nature of business : NA
Locality Type : NA	Ease of locating office :
Whether Visiting Card obtained : $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	No
Company Name Board sighted at entrance/in the list of offices at the entrance ? ☐ Yes ☑ No	
If Yes, does name match with records ? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	res - No
Authorised Signatory met in person :	
If case No, then, Name of the person contacted during CPV: Designation in the Company: PROPRIETOR Customer Contact Numbers: Mobile no: Any other details:	GAUTHAM 2) E-Mail:
Vintage at the present premises : 1 MONTH years Do Neighbours/Neighbouring shops or Offices know the customer :	
No. of staff present at the time of visit :	
Whether Normal business activity was to be seen :	
Reason for not having a valid address / Business p	roof:
Observations of Employee conducting CPV :	Recommended Not Recommended
If Not Recommended, Reason :	
Name of Agency / Br Satff Conducting CPV : Agency / Employee Code : P-52628	PAMAC Signature: PRAKASH D
	IFIRMED THE DETAILS,DOING BUSINESS FOR PAST 1 MONTH WITH 5 F BUSINESS IS DISTRIBUTOR, EASY TO LOCATE,MIDDLE CLASS AREA,
Approval By Branch Manager	
()Recommended ()Not Rec	commended
BM Name	Signature
Employee Code :	Oignature
End Of Report	