

Application Ref. No.	
Agency Name	
Applicant's Name	
Residence Address	
Residence Pincode	
Address Confirmed	
Landmark	
Date of Visit	
Time of Visit	
The following Information Is to be obtained from the ap	plicant or anybody residing at the address:
Person Contacted	plicant of anybody residing at the address.
Relation with Applicant	
Date of Birth / Age of Applicant	
Years lived at current address	
Residential Status	
Educational Qualification	
Please specify Type of Degree	
Marital Status	
No. of Family Members	
Working	
Children	
Any Credit Card	
Card No.	
Dependent Adults	
Card Limit	
Issuing Bank	
Expiry Date	
Spouse Working?	
If yes Employment Details	
The following is based on verifier's Observation:	
How Co - operative was the customer	
Neighbour's Reference	
Checked with	
Name verified from	
how Co - operative was the customer	
Locality of Residence	
Ease of Location Address	
Construction of Residence	
Comments of Exteriors	
Carpet Area in Sq. ft. (approx.)	
Interior Conditions	Clean,Painted
Assets Seen at Residence	Television,Refrigerator
Picture/Portrait of Political Leader Seen	- 5.5 Sioni, resingulation
Remarks	
If the Applicant address is locked, the following information is to be obtained from the neighbour:	
Does the applicant stay at this residence	l lo be obtained from the heighbour.
Approximate age of the applicant	
Approximate age of the applicant Approximate time, when applicant is available at home	
prominate time, when applicant is available at nome	

Number of Family members in the house	
Rating	
Any Other Reason	
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Field Executive Remarks:	
1) Applicant Name, Address & Stay :-	
2) Society Name Board Seen (Please mentioned the	
Name) :-	
3) Door Name Plate Seen (Please mentioned the Name) :-	
4) Third Party Confirmation :-	
TPC Name	
TPC Flat / Room No	
Ownership of residence of Applicant :-	
TPC Name	
TPC Flat / Room No	
Ownership of residence of Applicant :-	
5) Address Updation :-	
6) If Door was locked then confirm from TPC for applicant	
available Time :-	
7) Residential Proof :-	
8) Additional Remarks	
FE submit Date and Time:	
Case Positive/Negative:	Positive
Verifier's Remarks:	
Case open/Close:	Close
Supervisor Remarks:	
Images:	
9001	
<u> 11_102084239_upload_pdf_1.pdf</u>	
Applicant Signature	
11 - 3	
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Field Executive Location:	

Agency Manager and Signature

System Tester

Agency Seal

Verifier Name and Signature