

STATE BANK OF INDIA
Residence Verification Report

Application LOS ID. APPLICANT	Agency Name PAMAC	FH Code
Applicant's Name ROHITKUMAR MADHOPRASAD SHAH		
Residence A 202 SUKH SHANTI CHS LTD 2ND FLR EKSAR ROAD BORIVALI E SHANTI ASHRAM 400066 MUMBAI 400066		
Address		
Landmark		
Address Confirmed Yes	Name & Stay Confirmed Yes	
Date of Visit 06/01/2015	Time of Visit 10:50 AM	

The following Information Is to be obtained from the applicant or anybody residing at the address :

Person Contacted PALAK	Relation with Applicant WIFE
Date of Birth / Age of Applicants	Years lived at current address 10.

Residential Status	Educational Status	Marital Status
<input type="checkbox"/> Self Owned <input type="checkbox"/> Rented <input type="checkbox"/> Paying Guest <input type="checkbox"/> Lodging	<input checked="" type="checkbox"/> Owned by Parents <input type="checkbox"/> Owned by Friend <input type="checkbox"/> Owend by Relative <input type="checkbox"/> Company Accomodation	<input type="checkbox"/> Professional <input checked="" type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate Please specefiy Type of Degree
<input checked="" type="checkbox"/> Married No. of Family Members 5 Working 2 Children 1 Dependent Adults 2		

Name Plate seen in the Building	
Any Credit Card <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Card No. NO
Card Limit NO	Issuing Bank NO
Spouse Working <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Employment Details

The following is based on Verifier's observation

How Co-operative was the customer	Neighbour's Reference	Name verified from
<input checked="" type="checkbox"/> Polite <input type="checkbox"/> Rude	<input checked="" type="checkbox"/> +ve <input type="checkbox"/> -ve	<input type="checkbox"/> Name Plate <input checked="" type="checkbox"/> Neighbour <input type="checkbox"/> Society Board
Checked With		

Type of Residence	Locality of Residence	Ease of Location Address
<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Row House <input type="checkbox"/> Temporary Shed	<input type="checkbox"/> Multi Tenant House <input type="checkbox"/> Independent House <input type="checkbox"/> Part of Independent House <input type="checkbox"/> Standing Chawl / Janta Flat <input type="checkbox"/> Huntment / Sitting Chawl	<input type="checkbox"/> Posh Locality <input type="checkbox"/> Upper Middle Class <input checked="" type="checkbox"/> Middle Class <input type="checkbox"/> Lower Middle Class
		<input checked="" type="checkbox"/> Easy <input type="checkbox"/> Difficult <input type="checkbox"/> Untraceable

Construction of Residence	Comments of Exteriors	Carpet Area in Sq.ft (Approx)
<input checked="" type="checkbox"/> Pukka <input type="checkbox"/> Semi Pukka <input type="checkbox"/> Temporary	<input checked="" type="checkbox"/> Car Park <input checked="" type="checkbox"/> Garden <input type="checkbox"/> Security	DOOR STEP
<input checked="" type="checkbox"/> Elevator <input checked="" type="checkbox"/> Building Wall <input type="checkbox"/> Fenced / Compound Wall <input type="checkbox"/> Others (Pls. Specify)		

Interior Condition	Assets Seen at Residence	Picture / Portrait of Political Leader Seen
<input type="checkbox"/> Sofa <input checked="" type="checkbox"/> Clean <input type="checkbox"/> Painted	<input checked="" type="checkbox"/> Carpeted <input type="checkbox"/> Curtains <input type="checkbox"/> Venetian Blinds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Car (Regis #) <input type="checkbox"/> Two Wheeler (Regis #) <input type="checkbox"/> Air Conditioner		

Other Details

If the Applicant address is Locked then following information is to be obtained from the Neighbour

Does the applicant stay at this Residence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approximate age of the applicant
Approximate time, when applicant is available at home	Number of Family members in the house 5

Verifier's **VISIT TIME MET APPLICANT WIFE SHE CONF THE DETAILS. TPC BY SECURITY NAME REFUSED APPLICANT NAME & STAY CONF. SOC**
 Remark **BOARD :- M P SHAH**

<input checked="" type="checkbox"/> ACCEPT	<input type="checkbox"/> DECLINE	<input type="checkbox"/> REFER TO BANK
Residence cum Office	Door locked	
Non Targeted Area	Poor living conditions	
Outside Geographical Limits	Shared / Bachelor Accommodation (Applicable for Credit Cards only)	
Applicant or Family member not met		

Report Date **06/01/2015**

SURAJ PANDURANG KAD.
Verifier Name and Signature

ANAND MAHADEV KUDAL
Agency Manager and Signature

Agency Seal



STATE BANK OF INDIA
Residence Verification Report

Application LOS ID. APPLICANT	Agency Name PAMAC	FH Code
Applicant's Name ROHITKUMAR MADHOPRASAD SHAH		
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Card Limit NO	Issuing Bank NO
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Type of Residence	Locality of Residence	Ease of Location Address
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Verifier's **VISIT TIME MET APPLICANT WIFE SHE CONF THE DETAILS. TPC BY SECURITY NAME REFUSED APPLICANT NAME & STAY CONF. SOC**
 Remark **BOARD :- M P SHAH**

<input checked="" type="checkbox"/> ACCEPT	<input type="checkbox"/> DECLINE	<input type="checkbox"/> REFER TO BANK
Residence cum Office	Door locked	
Non Targeted Area	Poor living conditions	
Outside Geographical Limits	Shared / Bachelor Accommodation (Applicable for Credit Cards only)	
Applicant or Family member not met		

Report Date **06/01/2015**

SURAJ PANDURANG KAD.
Verifier Name and Signature

ANAND MAHADEV KUDAL
Agency Manager and Signature

Agency Seal



STATE BANK OF INDIA
Employment / Business Verification Report

Application LOS ID. **APPLICANT** Agency Name **PAMAC** FH Code
 Applicant's Name **ROHITKUMAR MADHOPRASAD SHAH**
 Office **J M FINANCIAL SERVICES LTD IT DEPT 1& 2 FLR SUASHISH IT PARK PLOT NO 68 E OPP DATTA OPP TATA STEEL BORIVALI**
 Address **E 400066 MUMBAI 400066**
 Name & Emp Confirmed Designation of the Applicant **SR ASSOCIATE**
 Date of Visit **07/01/2015** Time of Visit **03:10 PM**

Following are based on information obtained from Applicant / Colleague

Person Met **ROHITKUMAR** Designation of person met **SELF**
 Telephone Number **67043136** Ext. No. Mobile **9820856913**
 Number of years in present Employment / Business **10.** Visiting Card obtained ☐ Yes ☐ No
 Name of Company / Business

Type of Business <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Others <input type="checkbox"/> Private Ltd.		Nature of Business <input type="checkbox"/> Professional <input type="checkbox"/> Trade / Shopkeeper <input type="checkbox"/> Manufacturer <input checked="" type="checkbox"/> Service Provider 1. Commission Agent 2. Broker 3. Tutor/Personal Care 4. LIC Agent 5. STD-PCO Booth 6. Others		NOB in Detail CA/DOC/Architect/Others Product RL Dealing in Branch Name MUMBAI Locality Commercial complex	No. of Employee working in Office / Business >50 No. of Branches Applicant job transferable No
Office Ownership <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Pagdi <input type="checkbox"/> Company Owned					

(FOR SELF EMPLOYED) Average Monthly Turnover

No. of Customers per day

(FOR SALARIED)

Type of Job <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary Worker <input type="checkbox"/> Probation <input type="checkbox"/> Contract Worker		Applicant Working as <input type="checkbox"/> Senior/Middle Management <input type="checkbox"/> Supervisor <input type="checkbox"/> Clerk <input type="checkbox"/> Stenographer <input type="checkbox"/> Other <input type="checkbox"/> Junior Management <input type="checkbox"/> Assistant <input type="checkbox"/> Typist <input type="checkbox"/> Skilled Labour					
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Previous Employment details (if working for <1 year in current employment)

Name of the Company Years worked in Salary Drawn

The following are based on Verifiers Observation

Business Board seen outside Building / Office ☒ Yes ☐ No

Applicant's Name verified from <input type="checkbox"/> Colleague <input type="checkbox"/> Receptionist <input checked="" type="checkbox"/> Security <input type="checkbox"/> Others		Type of Office <input type="checkbox"/> Shop <input type="checkbox"/> Independent Office <input type="checkbox"/> Clinic <input type="checkbox"/> Industry / Factory <input type="checkbox"/> Shared Office <input type="checkbox"/> Small Scale / Shed <input checked="" type="checkbox"/> Office Complex <input type="checkbox"/> Residence cum Office <input type="checkbox"/> Business Center <input type="checkbox"/> Others		Locality of Office <input type="checkbox"/> Business Center <input type="checkbox"/> Residential <input type="checkbox"/> Shop / Office Complex <input type="checkbox"/> Industry / Factory <input checked="" type="checkbox"/> Commercial Complex <input type="checkbox"/> Plant <input type="checkbox"/> Small Scale Industrial Area <input type="checkbox"/> Others Approx area of Office (in Sq.ft) 700 SQ.FT	
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Construction of Office <input checked="" type="checkbox"/> Pukka <input type="checkbox"/> Semi Pukka <input type="checkbox"/> Temporary	Exteriors <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor	Interiors <input type="checkbox"/> Painted <input type="checkbox"/> Carpeted <input type="checkbox"/> Curtains <input type="checkbox"/> Clean	Ease of Locating Office <input checked="" type="checkbox"/> Easy <input type="checkbox"/> Difficult <input type="checkbox"/> Untraceable	Business Activity Level <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low	No. of Employees sighted in Premises <5 No. of Customers seen
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Whether any display of affiliation political party seen ☐ Yes ☒ No
 Items seen in premises (Specify In No's) AC ☒ Printer ☐ Fax ☐
 PC ☒ Telephone ☒ Xerox ☐

Third party Confirmation

Verifier's **VISIT TIME MET APPLICANT SELF CONF THE DETAILS. TPC BY RECEPTION & SECURITY APPLICANT NAME & EMP CONF.**

Remark

<input checked="" type="checkbox"/> POSITIVE		<input type="checkbox"/> NEGATIVE		<input type="checkbox"/> REFER TO BANK (TICK APPROPRIATE REASON)	
Residence cum Office				Detail Mismatch	
Non Targeted Area				Applicant Does Not Work Here / Person Does Not Exist	
Outside Geographical Limits				Designation Incorrect	
Entry Not Allowed				No Business Activity / Infrastructure Seen	
Defaulter / Bad Market Reputation				Negative Neighborhood Check	
Address Not Traceable / Does Not Exist				Any other Reason (Not covered by above)	

Report Date **07/01/2015**

SURAJ PANDURANG KAD.
Verifier Name and Signature

ANAND MAHADEV KUDAL
Agency Manager and Signature

Agency Seal



STATE BANK OF INDIA					
Tele - Verification Report					
Verifier Code		Report Date		Application No. APPLICANT	
RESIDENCE TELEPHONE					
Date	Batch		Other Ph # 67043136	Category	
Name of Applicant	ROHITKUMAR MADHOPRASAD SHAH		Residence Tel # 28914908	Mobile #	
The following is based on Telephonic Conversation					
Name of Applicant	ROHITKUMAR MADHOPRASAD SHAH				
Residence Address of Applicant	A 202 SUKH SHANTI CHS LTD 2ND FLR EKSAR ROAD BORIVALI E SHANTI ASHRAM 400066 MUMBAI 400066				
Permanent Address of Applicant	A 202 SUKH SHANTI CHS LTD 2ND FLR EKSAR ROAD BORIVALI E SHANTI ASHRAM 400066				
Office Address of Applicant	J M FINANCIAL SERVICES LTD IT DEPT 1& 2 FLR SUASHISH IT PARK PLOT NO 68 E OPP DATTA OPP TATA STEEL BORIVALI E 400066 MUMBAI 400066				
Type of Residence	<input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> with Parents	<input type="checkbox"/> Company Accomodation	<input type="checkbox"/> PG <input type="checkbox"/> with Relatives <input type="checkbox"/> with Friends
Special Instructions (# of Years/Months @ Given Address) / Other		10 YRS			
Name of the Person spoken to					
Relation with applicant MOTHER					
Telecalling Log					
# Called					
Attempt	1st	2nd	3rd	4th	5th
Date of Calling	01/06/2015	N/C	N/C	N/C	N/C
Time of Calling	15:30:00	N/C	N/C	N/C	N/C
Outcome*	Contactable	N/C	N/C	N/C	N/C
Outcome Example : C (Contacted), CE (Constantly Engaged), NH (No response/Ringing), O (Out of order)					
Other CALLED ON APPLICANT RESI # MET APPLICANT MOTHER SHE CONF THE DETAILS					
Remarks					
Employment Details		Nature of Business/ Employment			
Office Contact Number(s)		Extension No.		Designation	
Department		Working since		Emp Code	
Tele Verification Result	<input checked="" type="checkbox"/> ACCEPT		<input type="checkbox"/> DECLINE		<input type="checkbox"/> REFER TO BANK
Reason for Decline/Refer					
OFFICE TELEPHONE					
Applicant Name ROHITKUMAR MADHOPRASAD SHAH					
Company's Name / Dir. Name					
Office Telephone Numbers		Ext. No.		Other Ph #	
The following is based on Telephonic Conversation					
Name of Applicant	ROHITKUMAR MADHOPRASAD SHAH		Emp Code		
Contact Office Telephone #			Ext. No.		
Working since			Designation SR ASSOCIATE		
For Self Employed-Type of Organisation	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Others				
Nature of Business	<input type="checkbox"/> Trading <input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Processing <input type="checkbox"/> Builder <input type="checkbox"/> Contractor				
	<input type="checkbox"/> Brokerage <input type="checkbox"/> Consultancy <input type="checkbox"/> Professional <input type="checkbox"/> Others				
Name of the Company					
Office Address					
Landmarks					
Special Instructions (NOB in Details / Other Remarks)					
Name of the Person spoken to ROHITKUMAR		Designation SELF			
Relation with applicant		<input type="checkbox"/> Colleague <input type="checkbox"/> Partner <input type="checkbox"/> Superior <input type="checkbox"/> Relative <input type="checkbox"/> Others			
Telecalling Log					
# Called					
Attempt	1st	2nd	3rd	4th	5th
Date of Calling	01/06/2015	01/06/2015	01/06/2015	N/C	N/C
Time of Calling	15:00:00	15:30:00	15:35:00	N/C	N/C
Outcome*	RNR	Contractable	Contractable	N/C	N/C
Outcome Example : C (Contacted), CE (Constantly Engaged), NH (No response/Ringing), O (Out of order)					
Other CALL ON OFFICE LL # IT WAS FAX # SO CALLED ON APPLICANT CELL # HE PROVIDE OFFICE # SO CALLED ON GIVEN LL # MET APPL SELF					
Remarks CONF THE DETAILS					
Residence Address*					
Resi. No*	Years at Resi*	Ownership of Resi*		*Mandatory in case applicant self contacted	
Tele Verification Result		<input type="checkbox"/> ACCEPT		<input type="checkbox"/> DECLINE <input type="checkbox"/> REFER TO BANK	
Reason for Decline/Refer					

