RATNAKAR BANK - RESIDE	ENCE VERIFICATION					
It is Mandatory to fill in the fields marked with asterisk (*)						
Area Ref. No: 01						
Name of the applicant (Mr./Mrs./Ms) SHUBHA K						
Residence address: 502 4TH MAIN MAHALAKSHMI PURAM G K NAIDU HALL BANGALORE 560024						
RESIDENCE PHYSIC	AL VERIFICATION					
Person Contacted : PRAKASH	Relationship of the person co	ontacted: HUSBAND)			
* Person contacted at Residence address confirms that applica	nt stays at given address :	✓ Yes	No			
Ownership of Residence :	ental Company Provided	Other				
Telephone Number : Tele	phone Ownership :	Own Company Prov	ided 🗆 PP			
Mobile No: 9845169520 Pag	er No :					
Permanent Address : SAME						
Number of Years staying at Residence : 15.0	Name plate sighted	I:	□ No			
Number of dependents: 02 La	ndmarks G K NAIDU HALL					
Locating Residence: Easy Need Assistance	e Difficult to Find	Not Found				
Visible Items: ✓ TV MUSIC SYSTEM	☐ REFRIGIRATOR	TELEPHONE				
☐ AC ☐ CUP BOARD	Computer	WASHING MAC	HINE			
☐ Bed						
1	Walls: Painted Inter	ior Furniture: TV, FURN	ITURE			
☐ On Foot Only	Unpainted					
☐ Congested Street-On Foot Appro						
☐ SmallStreet-2 Wheeler Approach						
☐ Tamac Road -Car Approach	No of Windows:	02	_			
Flooring: Small Tiles Mud Catepeted			Vitrified Tiles			
Room Type 1 room 1 room 1 room Kitcher		d room Hall Kitchen				
Type of Roof Pucca Roof Thached Roof Tin roo		Manglore Roof Other				
Type of House:		Chawl Type Bldg with Com	ımon Toilet			
		Bunglow /Villa				
1 1	e Class					
	e Area					
	-,		Company Provided			
Residence address is in the Negative Area as per Negative Area						
Residence address is within the Ratnakar Bank limit :	✓ Yes	s 🗆 No				
Document obtained as proof of visit to the residence :						
Neighbours Verification : ✓ Positive						
Neighbours Comments : VANITHA - NEIGHBOUR						
Field Executive's CONTACTED PERSON MR PRAKASH - HU	SBAND OF SHUBHA CONFIRM	IED THE DETAILS				
Comments :						
Rating ✓ SATISFACTORY □ UNSATISFACTORY						
Please provide reason for unsatisfactory rating :						
Verifier's Name: SRIKANTH S	upervisor's Name: RAJESH	S				
Date 08/05/2014 01:00 PM Time 08/05/2014 01:00 PM D	ate Time					
To be filled in by the Verifica	tion Agency Back Office					
Match in the Negative List: ☐ Yes ☐ No						
If Yes Name of the Bank Na	me of the Product :					
Defaulted in which Bucket Ar	nount of Default (INR) :					
Telephone CD ROM check/Site Check :						
			VE PV!			
			19 8 101			
	/1		Z 28 1			
	N		NO SE X			
			MAG			
	,					
	Supervisor Signature	Verifier Signature	Stamp			

RATNAKAR - OFFICE VERIFICATION It is mandatory to fill in the fields marked with astrick (*) Area: Reference No: 02 SHUBHA K Name of the applicant (Mr./Mrs./Mis.): Office Address : 1058/27 OPP BHARAT CO-OPERATIVE BANK TRIVENI ROAD GOKUL EXTENSION OFFICE PHYSICAL VERIFICATION M/S SHILPI SALES **Exact Company Name:** Exact Office / Business Address: 1058/27 OPP BHARAT CO-OPERATIVE BANK TRIVENI ROAD GOKUL EXTENSION BANGALORE560054 Name of Person Met: BAIRAPPA Designation of person met: **EMPLOYEE** Yes * Person contacted at Office telephone confirms that applicant worked at given address.: ☐ No Nature of business / Profession: Other: Number of years in service : 0.0 Number of employees seen: 20-50 **Exact Designation of the applicant:** Proprietory Partnership: Pvt. Ltd: Others (Pls Specify): Constitutency of the business: Shared Type of Office: Owned Rented Business Centre $\overline{\mathsf{V}}$ Difficult Untraceable Locating Office : Easy Locality: **Business Commercial** ☐ Industrial ☐ Residential Small Scale Shed Plant Commercial on Shops Industrial Area Manufacturing Trading Service Type of Industry: Business activity seen : Indicate if residence-Cum-Office : Yes ✓ No Yes No ✓ Yes □ No Name board sighted : Mainline business of the Co: DISTRIBUTION Approximate size : Landmark: OPP BHARAT CO-OPERATIVE BANK **Equipment Sighted: SEEN** Value of No Stock sighted : **SEEN** SoftwarePub Ltd. Pvt. Ltd Patrnership Cateogory of Company: Proprietory Rlvs Univ Colleges Others Pls Specify): Nature of the job: ☐ In Shift ☐ Field Staff Others (Pls Specify) **Normal Office Job** Visiting card obtained as proof of visit: Yes ✓ No Neighour Reffernce (1): **ASHOK** Remarks #: POSITIVE Rating: SATISFACTORY UNSATISFACTORY Verifier's name SRIKANTH S Supervisor's Name **MALA** Telecaller's Name: Telecaller's Signature : Verifier's Signature: Supervisor's Signature: Date: 08/05/2014 12:00 PM Date: Date: Time: 08/05/2014 12:00 PM Time: Time: Attempt 1 Attempt 2 Attempt 3 Attempt 4 **Physical** Tele **Physical** Tele **Physical** Tele **Physical** Tele 05/09/20 N/C N/C Date 14:00:00 N/C N/C Time N/C N/C Remarks To be filled in by the Verification Agency Back Office Yes $\overline{\mathsf{V}}$ No Match in the negative list IF Yes Name of the bank defaulted with: Name of the product : Amount of Default INR: Default in which bucket: Telephone CD ROM check:



Supervisor Signature Verifier's Signature Stamp