

## RELIGARE FINVEST LTD.

## OFFICE PHYSICAL VERIFICATION REPORT

It is mandatory to fill in the fields marked with astrick (\*)

Area : 200

Reference No : 111

Name of the applicant (Mr./Mrs./Mis.) :

First Name Last Name

Office Address : Address1

## OFFICE PHYSICAL VERIFICATION

Exact Company Name : Office Name

Exact Office / Business Address : Address1 400012

Name of Person Met : Name of Person met

Designation of person met :

Designation of Person met

\* Person contacted at Office telephone confirms that applicant worked at given address :

☒ Yes ☐ No

Nature of business/Profession : Manufacturing

Number of years in service :

11.05

Exact Designation of the applicant : Designation of the Applicant

Number of employees seen :

5-10

Constitutency of the business :



Proprietary



Partnership



Pvt. Ltd



Others (Pls Specify)

Type of Office :



Owned



Rented



Shared



Business Centre

Locating Office :



Easy



Difficult



Untraceable

Locality :



Business Commercial



Industrial



Residential



Small Scale Shed



Commercial on



Shops



Industrial Area



Plant

Type of Industry :



Manufacturing



Trading



Service

Indicate if Residence-Cum-Office:



Yes



No

Business activity seen :



Yes



No

Name board sighted :



Yes



No

Mainline business of the Co :

Mainline Business of the Co

Approximate size : 200

Landmark : Landmark / Street Name

Equipment Sighted : Equipment/Stock sighted

Value of No Stock sighted : Value of No stock sighted

Nature of the job: Nature of the job

Normal Office Job : ☐ In Shift ☐ Field Staff ☒ Others(Pls Specify)

Visiting card obtained as proof of visit :



Yes



No

Neighbour Reference (1) : Name of Neighbour1

Remarks # : Remarks Remarks Remarks

Rating : ☒ SATISFACTORY ☐ UNSATISFACTORY

Telecaller Name :

Verifier Name : AHMED SALAM SHAIKH

Supervisor Name : ANIL PATIL

Telecaller Signature :

Verifier Signature :

Supervisor Signature :

Date :

Date : 15/03/2014 10:30 AM

Date :

Time :

Time : 15/03/2014 10:30 AM

Time :

	Attempt 1		Attempt 2		Attempt 3		Attempt 4	
	Tele	Physical	Tele	Physical	Tele	Physical	Tele	Physical
Date	03/19/2014		03/19/2014		N/C			
Time	11:00:00		14:25:00		N/C			
Remarks	Failed		Done		N/C			

To be filled in by the Verification Agency Back Office :

Match in the negative list : ☐ Yes ☒ No

If Yes, Name of the bank defaulted with: If Yes Name of the bank defaulted

Name of the product: Name of the Product/Finance Com

Default in which bucket : Default in which bucket

Amount of Default INR : 5000

Telephone CD ROM check : Match



Supervisor Signature



Verifier Signature

Stamp

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Constitutency of the business :

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Proprietary

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Partnership

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Pvt. Ltd

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Others (Pls Specify)

Type of Office :

☒

Owned

☐

Rented

☐

Shared

☐

Business Centre

Locating Office :

☒

Easy

☐

Difficult

☐

Untraceable

Locality :

☒

Business Commercial

☐

Industrial

☐

Residential

☐

Small Scale Shed

Type of Industry :

☐

Commercial on

☐

Shops

☐

Industrial Area

☐

Plant

Type of Industry :

☒

Manufacturing

☐

Trading

☐

Service

Indicate if Residence-Cum-Office:

☐

Yes

☒

No

Business activity seen :

☒

Yes

☐

No

Name board sighted :

☒

Yes

☐

No

Mainline business of the Co :

Mainline Business of the Co

Approximate size : 200

Landmark : Landmark / Street Name

Equipment Sighted : Equipment/Stock sighted

Value of No Stock sighted : Value of No stock sighted

Nature of the job: Nature of the job

Normal Office Job :

☐

In Shift

☐

Field Staff

☒

Others(Pls Specify)

Visiting card obtained as proof of visit :

☒

Yes

☐

No

Neighbour Referrnce (1) : Name of Neighbour1

Remarks # : Remarks Remarks Remarks

Rating : ☒ SATISFACTORY ☐ UNSATISFACTORY

Telecaller Name :

Verifier Name : AHMED SALAM SHAIKH

Supervisor Name : ANIL PATIL

Telecaller Signature :

Verifier Signature :

Supervisor Signature :

Date :

Date : 15/03/2014 10:30 AM

Date :

Time :

Time : 15/03/2014 10:30 AM

Time :

	Attempt 1		Attempt 2		Attempt 3		Attempt 4	
	Tele	Physical	Tele	Physical	Tele	Physical	Tele	Physical
Date	03/19/2014		03/19/2014		N/C			
Time	11:00:00		14:25:00		N/C			
Remarks	Failed		Done		N/C			

To be filled in by the Verification Agency Back Office :

Match in the negative list : ☐ Yes ☒ No

If Yes, Name of the bank defaulted with: If Yes Name of the bank defaulted

Name of the product: Name of the Product/Finance Com

Default in which bucket : Default in which bucket

Amount of Default INR : 5000

Telephone CD ROM check : Match



Supervisor Signature



Verifier Signature

Stamp

## RELIGARE FINVEST LTD.

## RESIDENCE PHYSICAL VERIFICATION REPORT

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

Area : 500

Ref. No : 111

Name of the applicant (Mr./Mrs./Ms) : First Name Last Name

Residence address : Address1 City 400012

## RESIDENCE PHYSICAL VERIFICATION

Person Contacted : Person Contacted Relationship of the person contacted : Relationship with applicant

\* Person contacted at Residence address confirms that applicant stays at given address : ☒ Yes ☐ NoOwnership of Residence : ☐ Own ☐ Rented ☒ Parental ☐ Company Provided ☐ Other

Telephone Number : 4000125

Telephone Ownership : ☒ Own ☐ Company Provided ☐ PP

Mobile No : 9825635412

Pager No : 458

Permanent Address : Permanent Address

Number of Years staying at Residence: 10.05

Name plate sighted : ☐ Yes ☒ No

Number of dependents : 2

Landmarks : LandmarkLandmark

Locating Residence : ☒ Easy ☐ Need Assistance ☐ Difficult to Find ☐ Not FoundVisible Items : ☒ TV ☐ MUSIC SYSTEM ☒ REFRIGERATOR ☐ TELEPHONE ☒ 2 Wheeler  
☐ AC ☐ CUP BOARD ☒ Computer ☒ WASHING MACHINE ☐ BedApproach to Residence : ☐ Kaccha road ☐ On Foot Only ☐ Congested Street-On Foot Approach ☐ SmallStreet-2 Wheeler Approach ☒ Tamac Road -Car ApproachInteriors Walls : ☒ Painted ☐ Unpainted ☐ ChunaInterior Details of furniture Seen  
Furniture :

Area : 500

No of Windows : 3

Flooring : ☒ Small Tiles ☐ Mud ☐ Catepeted ☐ Tiled ☐ Marble ☐ Mosiac ☐ Cement ☐ Vitrified TilesRoom Type : ☒ 1 room ☐ 1 room Kitchen with Loft ☐ 2 Bed room Hall KitchenType of Roof : ☐ Pucca Roof ☐ Thached Roof ☐ Tin roof ☐ Asbestours Roof ☒ Manglore Roof ☐ CementedType of House : ☐ Kothi ☐ Temporary Shed ☐ Hutment ☐ Baitha Chawl ☒ Chawl Type Bldg with Common Toilet  
☐ Cottage ☐ Row House ☐ Part of Independant Bunglow ☐ Bunglow /Villa ☐ FlatLocality : ☐ Slum ☐ Hilly Tekdi ☒ Middle Class ☐ Lower Middle Class ☐ Other  
☐ Upper Middle Class ☐ Village Area ☐ Communitied DominatedVehicles at Residence ☒ 2 Wheeler ☐ 4 Wheeler ☐ CycleMake/Model : ☐ Owned ☒ Financed ☐ Company ProvidedResidence address is in the Negative Area as per Negative Area List : ☐ Yes ☒ NoResidence address is within the Religare Bank limit : ☒ Yes ☐ No

Document obtained as proof of visit to the residence : Type of Add. Proof

Neighbours Verification : ☒ Positive ☐ Negative

Neighbours Comments : Comments of Neighbour 1

Field Executive's Verifier comments Verifier comments

Comments :

Rating : ☒ SATISFACTORY ☐ UNSATISFACTORY

Please provide reason for unsatisfactory rating :

Verifier's Name : ABHAY PARSHURAM MORE

Supervisor's Name : ANIL PATIL

Date : 15/03/2014 10:30 AM Time : 15/03/2014 10:30 AM

Date : Time :

To be filled in by the Verification Agency Back Office

Match in the Negative List : ☐ Yes ☒ No

If Yes, Name of the Bank : If financed,name of bank

Name of the Product : Product Product

Defaulted in which Bucket : If Match in Negative, Default Bucket

Amount of Default (INR) : Loan Amount/EMI range

Telephone CD ROM check/Site Check : Yes




Supervisor Signature

Verifier Signature

Stamp

## RELIGARE FINVEST LTD. - TELE VERIFICATION

Exec. Code :

Report Date 15/03/2014

Application Ref. No: 111

Verification Code RV+BV+BT+RT

Agency Name : PAMAC

## RESIDENCE TELEPHONE

Name of Applicant : First Name Last Name

Residence Address of Applicant: Address1

Permanent Address of Applicant: Permanent Address

Contact telephone Numbers :

Type of Residence: ☐ owned ☐ Rented ☐ with parents ☐ Paying Guest  
☐ With Relatives ☐ With Friends ☐ company Accomodation

Year at Residence :

The following is based on Telephonic Conversation

Name of the Person spoken To: Person Contacted Relation with applicant: Relationship with Applicant

The following is based on CD-ROM Check

Name of applicant confirmed at given telephone number : ☒ Yes ☐ No

## Telecalling Log

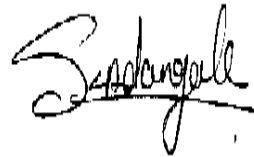
Attempt	1st	2nd	3rd	4th	5th
Date of Calling	03/19/2014	N/C	N/C	N/C	N/C
Time of Calling	10:00:00	N/C	N/C	N/C	N/C
Outcome	Contractable	N/C	N/C	N/C	N/C

Outcome\* : C (Contacted), CE (Constantly Engaged), NH (No response/Ringing), O (Out of order)

Other Remarks : New Info Obtained (TCRemarks)

Televerification Result : ☒ Positive ☐ Negative

Verifier Name : ALAELDEEN DAFAALLA



Verifier Signature



Agency Seal

## OFFICE TELEPHONE

Office Telephone Numbers: 78965412

Designation : Exact Designation Of the Applicant

Type of organisation : Category of Company

Nature of Business: ☐ Trading ☐ Manufacturing ☐ Processing ☐ Consultancy ☐ Contractor  
☐ Builder ☐ Professional ☐ Brokerage ☐ Others

Name of the Company: Exact Company Name

Office Address :

Landmarks : Landmarks

The following is based on Telephonic Conversation

Name of the Person Spoken To: Person Contacted Designation: Designation Of Person Contacted

Relationship with applicant: ☐ Colleague ☒ Partner ☐ Superior ☐ Relative ☐ Others

The following is based on CD-ROM Check

Name of applicant confirmed at given telephone number : ☐ Yes ☐ No

## Telecalling Log

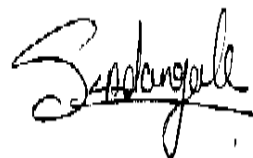
Attempt	1st	2nd	3rd	4th	5th
Date of Calling	03/19/2014	03/19/2014	N/C	N/C	N/C
Time of Calling	10:00:00	18:30:00	N/C	N/C	N/C
Outcome	Engaged	Contractable	N/C	N/C	N/C

Outcome: C (Contacted), CE (Constantly Engaged), NH (No response/Ringing), O ( Out of Order)

Other Remarks : New Info Obtained (TCRemarks)

Televerification Result : ☒ Postive ☐ Negative

Verifier Name : AMANPREET KAUR



Verifier Signature



Agency Seal

## RELIGARE FINVEST LTD. - TELE VERIFICATION

Exec. Code :

Report Date 15/03/2014

Application Ref. No: 111

Verification Code RV+BV+BT+RT

Agency Name : PAMAC

## RESIDENCE TELEPHONE

Name of Applicant : First Name Last Name

Residence Address of Applicant: Address1

Permanent Address of Applicant: Permanent Address

Contact telephone Numbers :

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☐ With Relatives ☐ With Friends ☐ company Accommodation

Year at Residence :

The following is based on Telephonic Conversation

Name of the Person spoken To: Person Contacted Relation with applicant: Relationship with Applicant

The following is based on CD-ROM Check

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## Telecalling Log

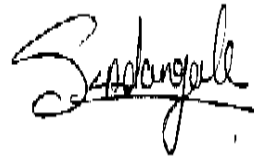
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Date of Calling	03/19/2014	N/C	N/C	N/C	N/C
Time of Calling	10:00:00	N/C	N/C	N/C	N/C
Outcome	Contractable	N/C	N/C	N/C	N/C

Outcome\* : C (Contacted), CE (Constantly Engaged), NH (No response/Ringing), O (Out of order)

Other Remarks : New Info Obtained (TCRemarks)

Televerification Result : ☒ Positive ☐ Negative

Verifier Name : ALAELEEN DAFALLA



Verifier Signature



Agency Seal

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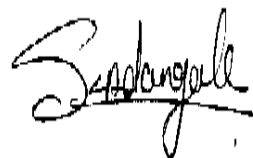
Attempt	1st	2nd	3rd	4th	5th
Date of Calling	03/19/2014	03/19/2014	N/C	N/C	N/C
Time of Calling	10:00:00	18:30:00	N/C	N/C	N/C
Outcome	Engaged	Contractable	N/C	N/C	N/C

Outcome: C (Contacted), CE (Constantly Engaged), NH (No response/Ringing), O (Out of Order)

Other Remarks : New Info Obtained (TCRemarks)

Televerification Result : ☒ Positive ☐ Negative

Verifier Name : AMANPREET KAUR



Verifier Signature



Agency Seal