REF No: ------------------------

FIELD INVESTIGATION REPORT

FIVR-1

Date of Receipt of File:

File Number:

Applicant’s Name:

DSA Name:

IDENTITY VERIFICATION

Following documents are verified:

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | Documents verified | Applicant  (tick √ wherever applicable) | Co-Applicant  (tick √ wherever applicable) |
| POA & POI  DOCUMENTS | PAN CARD | √ |  |
| RATION CARD |  |  |
| DRIVING LICENSE |  |  |
| VOTER ID CARD | √ |  |
| PASSPORT |  |  |
| IDENTITY CARD ISSUED BY EMPLOYER |  |  |
| AADHAR CARD |  |  |
| BANK PASSBOOK |  |  |

(Note: Original to be verified)

|  |
| --- |
| Remarks:  Above mentioned documents of applicant(s), ARE originally seen and verified. |

|  |  |
| --- | --- |
| Final Status: | Okay Case |
| Additional Remarks if any:  (Clarity specify for not okay cases and not confirmed cases) | After visit at applicant’s residence and office PREMISES, and verifying all the given documents and reference check, this case is Ok in all aspect IN TERMS OF FIELD VERIFICATIONS. |

For M/s Synergy Enterprises

Date: 09/06/2016 Authorized Signatory

FIVR-2

Residence verification report: for Applicant(s)

Date of Receipt of File:

File Number:

Page: 01

|  |  |
| --- | --- |
| * Name of Applicant |  |
| * Name of Co-Applicant |  |
| * Residence Address |  |
| * Address Confirmed (Yes/No) |  |
| * Telephone Number |  |
| * Date of Visit |  |
| * Time of Visit |  |

The following information is to be obtained from applicant or anybody residing at the address:

|  |  |  |  |
| --- | --- | --- | --- |
| Person Met:  (contact no-optional) |  | Relationship with applicant: |  |
| Date of Birth/Age of applicant |  | No. of Years at current Residence: |  |
| Residential Status |  | Marital Status |  |
| Self Owned |  | Single |  |
| Owned by Relatives |  | Married |  |
| Rented |  | No. of Family Member(s) |  |
| Paying Guest |  | Working |  |
| Owned by Parents |  | Dependent Adults |  |
| Owned by Friends |  | Children |  |
| Company Accommodation |  | Is spouse working (Yes/No) |  |
| Other (if any) |  | If Yes Employment Details |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Locality (tick √ mark) | Posh Locality |  | Upper Middle Class |  | Middle Class | √ |
| Village Area |  | Slum Locality |  | Residential Complex |  |
| Lodging |  | Lower Middle Class |  | Other |  |

|  |  |  |
| --- | --- | --- |
| Vehicle Seen at Residence:  (tick √ mark) | 2 Wheeler |  |
| Car | NO |
| Other | NA |

Cont…/Page-2

For M/s Synergy Enterprises

Date: 09/06/2016 Authorized Signatory

Page: 02

The following are based on verifiers observation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How Co-operative was the applicant: | | | Neighborhood Check | |
| Rude |  | | +ve | √ |
| Polite | √ | | -ve |  |
| Negative feedback from family member, if any: | NO | | Checked with whom  (give details) | SELF |
| Negative feedback from neighbor if any: | | NO | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Ambience) Residence  (tick √ mark) | | Comments on Exteriors  (tick √ mark) | | Carpet Area:  (in Sq. Ft./Meter - approx.) |  |
| Good |  | Good |  | Picture/Portrait of Political Leader seen (other than Statesmen) (Yes/No) | No |
| Average | √ | Average | √ |
| Poor |  | Poor |  |

Assets seen at Residence

|  |  |
| --- | --- |
| Two wheeler (Residence) Registration No: |  |
| CAR (Residence) Registration No: | NO |

Remarks:

If the applicant(s) address is locked the following is to be obtained from the neighbours:

|  |  |
| --- | --- |
| Does the Applicant stay at this residence (Yes/No/NA) | NO |
| Number of Family member in the House: | NA |

RECOMMENDED:

|  |  |
| --- | --- |
| Remarks: | RECOMMENDED |
| Any other Remarks: |  |

For M/s Synergy Enterprises

Date: 09/06/2016 Authorized Signatory

FIVR – 3

Business verification report

Date of Receipt of File: 03/06/2016

File Number: 546138

Page: 01

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant: |  | Salaried/Self-employed |  |
| Office Address: |  | | |
| Address Confirmed:  (Yes/No) |  | Designation of Applicant: |  |
| Date of Visit: |  | Time of Visit: |  |

Following are the based on information obtained from applicant / colleague:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person Met: |  | | Designation of the Person Met: | |  |
| Telephone No: |  | | Ext. No./Mobile No: | |  |
| Number of Years in present Business: |  | | Visiting Card Obtained:  (if yes please attached) | |  |
| Name of Company / Business |  | | | | |
| Type of Company:  (tick √ mark) | | Product dealt  (Nature of Business) | |  | |
| Public Limited |  | Employees working in Business: | |  | |
| Partnership: | √ | No. of Branches: | | --- | |
| Private Ltd. |  |  | |  | |
| Proprietorship: |  |  | |  | |
| Other |  |  | |  | |

THE FOLLOWING ARE BASED ON VERIFIER’S OBSERVATION:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name Board seen at Building / Office: (Yes/No) | | | YES | Ambience of the Office:  (tick √ mark) | | Exteriors  (tick √ mark) | |
| Applicants name verified from whom (tick √ mark) | | |  | Good: |  | Good: |  |
| Receptionist: |  | |  | Average: | √ | Average: | √ |
| Colleague: |  | |  | Poor: |  | Poor: |  |
| Other: | √ | |  | Other: |  | Other: |  |
| Whether easy to Locate:  (tick √ mark) | | | Business Activity | | No. of Employees sighted in premises: | | |
| Easy: | | √ | High: |  | 4 | | |
| Difficult: | |  | Medium: | √ |
| Untraceable: | |  | Low: |  |
| Whether any display and affiliation to any political party seen (Yes/No) | | | | | NO | | |

|  |  |
| --- | --- |
| Remarks: | RECOMMENDED |
| Any Other Remarks: |  |

For M/s Synergy Enterprises

Date: 09/06/2016 Authorized Signatory

FIVR -6

INCOME TAX VERIFICATION REPORT (FOR SELFF EMPLOYED PROFESSIONAL / BUSINESSMEN)

Date of Receipt of File: 03/06/2016

File Number: 546138

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Assessee: | |  | | Address: |  | | | |
| PAN: | |  | | Details of Income: | | |  | |
| Field Verification of ITR | | | | | | | | |
| Tallied with | 2015-16 | | 2014-15 | | | 2014-13 | | REMARKS |
| Ward No: |  | |  | | |  | | DETAILS ARE OK AS PER ITR. |
| Serial No: |  | |  | | |  | |
| Date of Filling: |  | |  | | |  | |
| Total Income |  | |  | | |  | |
| Total Taxable Income: |  | |  | | |  | |
| Total Tax Paid |  | |  | | |  | |
| Applicant’s Name |  | |  | | |  | |
| Mode of filling |  | |  | | |  | |

For M/s Synergy Enterprises

Date: 09/06/2015 Authorized Signatory

FIVR -4

ReSIDENCE Tele-Verification

Date of Receipt of File:

File Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant |  | Name of Co-applicant | NA |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Person Contacted: |  | | | | | | |
| Relation with applicant? |  | | | | | | |
| Tel. No. / Mob: |  | | | | | | |
| Address |  | | | | | | |
| Residence type |  | | | | | | |
| **Calling LoG** | | | | | | | |
| Attempt | |  |  |  |  |  |  |
| Call Date | |  |  |  |  |  |  |
| Call Time | |  |  |  |  |  |  |
| Outcome | |  |  |  |  |  |  |

***C: Contacted / NC: Not Contacted /NR: No Response / CE: Constantly engage.***

|  |  |
| --- | --- |
| Remarks: | RECOMMENDED |
| Any other Remarks: | OK |

Office Tele-Verification

|  |  |
| --- | --- |
| Name |  |
| Office Address: |  |
| Tel. No. / Mob: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Person Contacted: |  | | | | | | |
| Designation of Person Contacted: |  | | | | | | |
| Name of the Organization: |  | | | | | | |
| Designation of Applicant: |  | | | | | | |
| Working since |  | | | | | | |
| Nature of Business: |  | | | | | | |
| Reporting to |  | | | | | | |
| Calling LoG | | | | | | | |
| Attempt | |  |  |  |  |  |  |
| Call Date | |  |  |  |  |  |  |
| Call Time | |  |  |  |  |  |  |
| Outcome | |  |  |  |  |  |  |

***C: Contacted / NC: Not Contacted /NR: No Response / CE: Constantly engage.***

|  |  |
| --- | --- |
| Remarks: | RECOMMENDED |
| Any other Remarks: | OK |

For M/s Synergy Enterprises

Date: 07/04/2016 Authorized Signatory

FIVR -5

Reference Tele-Verification

Date of Receipt of File:

File Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant |  | Name of Co-applicant |  |

Referee 1:

|  |  |
| --- | --- |
| Name |  |
| Address: |  |
| Tel. No. / Mob: |  |
| ADDRESS TYPE |  |

|  |  |
| --- | --- |
| Name of the Person Contacted: |  |
| How is the referee related to the applicant? |  |
| Since how long referee is known to the applicant? |  |
| Does referee recommended this loan to the Applicant? |  |

Referee 2:

|  |  |
| --- | --- |
| Name |  |
| Address: |  |
| Tel. No. / Mob: |  |
| ADDRESS TYPE |  |

|  |  |
| --- | --- |
| Name of the Person Contacted: |  |
| How is the referee related to the applicant? |  |
| Since how long referee is known to the applicant? |  |
| Does referee recommended this loan to the Applicant? |  |

For M/s Synergy Enterprises

Date: 09/06/2016 Authorized Signatory