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: 23/02/2016 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 Contacted:  (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 |  |
| Other |  |

Cont…/Page-2

For M/s Synergy Enterprises

Date: 06/01/2016 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: |  | | Checked with whom  (give details) |  |
| 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: |  |

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) |  |
| Number of Family member in the House: |  |

RECOMMENDED:

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

For M/s Synergy Enterprises

Date: 06/01/2016 Authorized Signatory

FIVR - 3

## EMPLOYMENT VERIFICATION REPORT – Applicant(s)

Date of Receipt of File:

File Number:

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

Following are the based on the information obtained from Personal Department/Authorized Executive of the organization:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Person Met: | |  | Designation of the person met: |  |
| Telephone No: | |  | Ext. No/Mobile: |  |
| Number of Years in present employment: | |  | Visiting Card Obtained  (if yes attached with report) |  |
| Name of the Organisation: |  | | Nature of Business: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Job of Applicant:  (tick √ mark): | | Applicant Working as:  (tick √ mark): | | Whether Applicant’s job is Transferable (Yes/Not) |
| Permanent: |  | Typist/ Stenographer: |  | NO |
| Probation: |  | Supervisor: |  |
| Contract Worker: |  | Junior Management |  |
| Temporary Worker: |  | Middle/Senior Management |  |
| Others: |  | Other Management: |  |

DETAILS OF SALARY VERIFIED FROM WHOM:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Person: |  | Designation: |  |

RECOMMENDED:

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

For M/s Synergy Enterprises

Date: 06/01/2016 Authorized Signatory

FIVR -4

ReSIDENCE Tele-Verification

Date of Receipt of File:

File Number:

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: 06/01/2016 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 |  |

*Questions:*

|  |  |
| --- | --- |
| 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? | YES |

Referee 2:

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

*Questions:*

|  |  |
| --- | --- |
| 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? | YES |

For M/s Synergy Enterprises

Date: 06/01/2016 Authorized Signatory