

### Field Visit Checklist

Name of the Company: \_\_\_\_\_

Address and Contact Number: \_\_\_\_\_

Type of Locality: Residential / Commercial

Is Name Board Displayed? YES / NO

Does the company exist? YES / NO

If no, what is currently at that location and how long has it been there? \_\_\_\_\_

Estimated office space in square feet (Approximate) \_\_\_\_\_

Record the number of employees present during your office visit: \_\_\_\_\_

Company's Nature of Business \_\_\_\_\_

Respondent Name and Designation \_\_\_\_\_

Verifiers Name and Designation \_\_\_\_\_

Email IDs \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Additional Contacts: \_\_\_\_\_

#### External Confirmations

Neighbor 1 \_\_\_\_\_ Neighbor 2 \_\_\_\_\_

Postal Check \_\_\_\_\_ Courier Check \_\_\_\_\_

Field Assistants Name			
Status of Verification	CLEAR / GREEN	DISCREPANT / RED	UNABLE TO VERIFY / ORANGE
Field Assistants Comments			
Field Assistants Signature	Date	Time	