

BUSINESS VERIFICATION REPORT

*Name of Applicant			*Co-applicant Name (salaried/self-employed)	
*Office Address				
Address Confirmed	Yes	No	Designation of the applicant	
Date of visit			Time of visit	

Following are based on information obtained from applicant/colleague

Person met		Designation of the person met		
Telephone No		Ext. No.		Mobile/Pager No.
Number of years in present business	Visiting card obtained	Yes (Attach the Visiting Card with this report)	No	
Name of Company/business				
Type of Company		Product Dealt (Nature of Business)	No. of Employees working in Business	
Public Ltd.	<input type="checkbox"/>	Please Specify		
Partnership	<input type="checkbox"/>			
Private Ltd.	<input type="checkbox"/>			
Proprietorship	<input type="checkbox"/>		No. of Branches	
Others	<input type="checkbox"/>			
Average Monthly Turnover :			Number of Customers per day:	

THE FOLLOWING ARE BASED ON VERIFIER'S OBSERVATION

Business Board seen outside Building/Office		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Applicants name verified from	Receptionist	<input type="checkbox"/>	Approx area of office (in sq. ft.)		
	Colleague	<input type="checkbox"/>			
	Security	<input type="checkbox"/>			
	Others	<input type="checkbox"/>			
Construction Office	Exteriors	Interiors	Ease to locating office	Business Activity Level	No. of employees sighted in premises
Pukka	Good	Painted	Easy	High	No. of customers seen
Semi- Pukka	Average	Carpeted	Difficult	Medium	
Temporary	Poor	Curtains	Untraceable	Low	
		Clean			

Whether any display of affiliation to political party seen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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RECOMMENDED

NOT RECOMMENDED

Remarks:

Verifier's Name & Signature

Agency Seal

Agency Manager's Signature

Comments & Map overleaf

**If Verified by LIC HFL
Officials**

Official's Signature & Designation