NATIONAL BANK LIMITED, CARD DIVISION

CONTACT POINT PHYSICAL VERIFICATION REPORT

Applicants Name:											
CPV Officer's Name:											
Telephone Verification											
Residence	Residence Verified			Office				Verified			
Telephone No.	No.		Yes No		Telephone No.				Yes	No	
Mobile No.			Yes	No	Extension No.			Yes	No		
Request Cell No.			Yes	No	Mobile No.			Yes	No		
Person Contacted.				Person Contacted.							
Relation With Applicant.				Relation With Applicant.							
Date & Time.					Date & Time.						
Physical Verification											
Residence					Office						
Residence Address:					Company Nam	Company Name & Address:					
					1 2						
Person Contacted.					Person Contacted.						
Relation With Applicant.					Designation.						
Years at current address.					Nature Of Business.						
Residence Status: Own Rent Other			Applicant's Designation.								
Residence Size.SmallMediumLarge				Years at Current Organization.							
Residence Type.	Flat House Other			Company Existence Since.							
Residence Excellent Good Fair Poor				No. Of employees.							
Date & Time:				Office Size:	Small	Medium	Large	e Very			
Remarks:				Company Profile	Excellent	Good	Fair	Poor			
Applicants Signature:				Applicants Si	gnature:						
REFERENCE –1				R	EFERENCE – 2	TAILS	VERIFIED				
Ref: / Guarantor's Name:								Yes	No		
Organization Name:								Yes			
Designation								Yes	No		
Res./office Address:								Yes	No		
Residence Phone								Yes	No		
Relation with Applicant											
I do hereby declare that I have willingly applied for NBL VISA/Master Local/Int'l Credit Card. I am fully aware											
regarding the fees & charges in connection to NBL Credit Card. The policy of fees & charges are always acceptable											
to me as and when NBL applied for the Credit Card and I am bound to pay all dues NBL in this connection. I do hereby also declare that the information provided above in this report is true and correct.											
	mormat	· ·			Signature:						

Signature
CPV Officer's Name:
Designation: