



Building Customized AI Systems to Automate Manual Work.

**OPERATIONS DEPARTMENT
BLOCK MANAGEMENT SYSTEM (BMS)
SITE VISIT INFORMATION CAPTURE SHEET**

SECTION A: CLIENT INFORMATION

1. Company / Client Name: _____

2. Contact Person(s) _____

S.NO	NAME	PHONE	Email

3. Physical Address / Location: _____

4. Date of Visit: _____

SECTION B: BUSINESS PROFILE

1. What business sector does your organization belong to?

- ☐ Finance ☐ Education ☐ Healthcare ☐ Real Estate
☐ Retail / Shops / E-commerce ☐ Manufacturing / Industrial
☐ IT / Technology / Automation ☐ Other: _____

2. a) How many employees / staff do you have? _____

b) How many tenants / clients do you have? _____

3. What are the main operations or services provided?

3. Do you currently use any software or systems to manage operations?

☐ Yes ☐ No

If yes, please specify: _____

SECTION C: CURRENT CHALLENGES

1. What are the key operational challenges you are facing?

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2. Are there tasks that are still manual or slow?
☐ Yes ☐ No
If yes, which tasks? _____
3. Any complaints or recurring issues from clients, tenants, or staff?

SECTION D: SYSTEM & WORKFLOW

1. Which processes do you want to automate? (Select all that apply)
☐ Registration / Onboarding ☐ Billing / Payments ☐ Reporting
☐ Document Management ☐ Approvals / Workflows ☐ Property / Unit Management
☐ Other: _____
2. Do you need the new system to integrate with any of the following?
☐ Mobile Money / Payments ☐ Bank Systems ☐ SMS Gateway ☐ Email Automation
☐ CCTV / Security System ☐ Biometric / Access Control ☐ Accounting Software
☐ Other: _____
3. Who will use the system? Please specify numbers:
 - Administrators: _____
 - Staff: _____
 - Clients / Tenants / Members: _____

SECTION E: DATA & TECH ENVIRONMENT

1. How many client/tenant records exist currently? _____
2. In which format is current data stored?
☐ Excel / Spreadsheet ☐ Paper / Manual ☐ Existing Software
☐ Other: _____
3. Do you require data migration from your current system?
☐ Yes ☐ No
4. What existing hardware and infrastructure do you have?
☐ Computers ☐ Servers ☐ Routers / Network ☐ CCTV ☐ Biometric Devices
☐ Other: _____
5. Internet connection quality: ☐ Stable ☐ Intermittent ☐ Poor
6. Power backup available? ☐ Yes ☐ No

SECTION F: SECURITY & COMPLIANCE

1. Do you require role-based access control? ☐ Yes ☐ No
2. Are there specific data privacy or compliance requirements?
☐ Yes ☐ No
If yes, please specify: _____
3. Backup and recovery expectations: _____

SECTION G: BUDGET & TIMELINE

1. Do you have a budget range for this project? ☐ Yes ☐ No
If yes, specify: _____
2. Desired project start date: _____
3. Expected Go-Live date: _____

SECTION H: OTHER INFORMATION

1. Are you evaluating other vendors / solutions? ☐ Yes ☐ No
2. Any specific features, reports, or dashboards you want included?

3. Additional comments or requirements:

SECTION I: SUMMARY (TO BE FILLED BY TEAM)

1. Key Findings: _____
2. Proposed Solution / Next Steps: _____
3. Risks / Dependencies: _____

Approved By:**Name:** _____ **Role:** _____**Date:** ____ / ____ / 2025