

FRANCHISE APPLICATION FORM

Application Form No. _____

Please fill in all the required details in BLOCK LETTERS. Tick boxes as applicable.

APPLICANT DETAILS:

Name of the Applicant* _____

Father's / Spouse's Name:* _____

Gender* M F

Residence Address* _____

City* _____ Pincode* _____

State* _____ Country* _____

Mobile No* _____ Tel No.* _____

Commercial Address* _____

City* _____ Pincode* _____

State* _____ Country* _____

Mobile No* _____ Tel No.* _____

Describe your current Business Setup (Include Annual Turnover) and experience? (If Any)

Nature of Business: _____

Current/Previous Experience in Distribution(Mention Brands/Company) _____

Year of Establishment: _____ Turnover in 2016-17 _____

Team Size: _____

FRANCHISE DETAILS:

Interested City For Franchise	Proposed Location	Area (in Sq. Ft.)	Hired / Owned Leased Space	Prop. / Partnership / Pvt. Ltd.

How Soon Can you Begin Operations (Answer in Months): _____

INVESTMENT DETAILS:

Proposed Financial Commitment _____

Mode Of Availing Finance _____

Signature:

Date: DD/MM/YYYY

Place: _____