



APPLICATION FOR FRANCHISE

- Regular Branch
- Regular Kiosk
- Subsidized Branch
- Subsidized Kiosk
- Exclusive Right (City)
- Exclusive Right (Country)

Title: _____ First Name : _____ Last Name: _____

Identity # / Passport # _____ Nationality: _____

Company Name: _____

No of Board of Directors : _____

Authorized Person for Dealing / CEO : _____

Qualification of Franchisee Requisite: _____

Last Institution Name : _____ Country _____

Experience (Fill the Following)

S.No	Employer	Job Description	Period
01			
02			
03			
Total Number of Year and Months			



Phone # _____ Mobile # _____

Fax # _____ E. Mail ID _____

Home Address

Office Address

Mailing Address

Previous Experience working with any Branded Chain Yes NO

if yes

S.No	Company (Brand)	Period	Location	Reason of Leaving
01				
02				
03				

Present Business Detail



Location applying for Franchisee _____

(only for 01 to 04 column)

Applying Exclusive Right for City _____

(only for 05 Column)

Applying Exclusive Right for Country _____

(only for 06 Column)

Financial Position

Very Strong Strong Satisfactory Normal

Business Plan

Signature _____ Date: _____

By signing this application you are declare that all information are correct and true.