



APPLICANT DETAILS (FINANCIAL AND OWNERSHIP INFORMATION)

Location where franchise is sought city/ state: _____

Desired franchise Name: _____

Name of the Applicant: Mr./Mrs./Ms.: _____

Father/Husband name: _____

Date of birth: ____ / ____ / ____ Gender: _____

Marriage status: _____ Nationalty: _____

Higher educational qualification: _____

University/Board/Institution: _____

Telephone (Indicate STD Code): _____ Mobile No. _____

Email ID: _____ Fax: _____

Contact Person: _____ Mobile No.: _____

Address of Applicant for Communication: _____

City: _____ Pin code: _____ State: _____

Full Address of Proposed Site: _____

City: _____ Pin code: _____ State: _____

Which Type of franchise Outlet do you want? [✓]

1. Transitional outlet [Mini Outlet]

2. Non-Transitional outlet [Medium Outlet]

3. Transitional outlet [Large Outlet]

If the applicant the setting up ne entity, please indicate the type of entity proposed for the corporation

Individual/Proprietorship _____ Partnership _____ Limited Company _____

