



## Application Form Franchise Business Partner

Applicant Name	<input type="text"/>	<input type="text"/>			
Husband/Father's Name	<input type="text"/>				
Address	Town	<input type="text"/>	<input type="text"/>		
	P.S. Via	<input type="text"/>	<input type="text"/>		
	Phone	<input type="text"/>	<input type="text"/>		
Showroom Address	Town	<input type="text"/>	P.O. <input type="text"/>		
	P.S. Via	<input type="text"/>	Dist. <input type="text"/>		
	Phone	<input type="text"/>	Code <input type="text"/>		
	E-mail	<input type="text"/>			
Male/Female	<input type="text"/>	DOB.	<input type="text"/>	Age	<input type="text"/>
Nationality	<input type="text"/>	Occupation	<input type="text"/>	Yearly Income	<input type="text"/>
Account details, Bank Name	<input type="text"/>				
	Account No.	<input type="text"/>	IFSC	<input type="text"/>	
	Showroom Space	<input type="text"/>	Category of showroom	<input type="text"/>	
Mode of Payment	<input type="text"/>				
Company Representative Name	<input type="text"/>	Designation	<input type="text"/>		
Location	<input type="text"/>				

### DECLARATION

I here by commit that the particular mentioned above are true & correct on my behalf. In case it is proved to be false the organization has full rights to take strict action according to rules & regulations of the company.

#### **Enclosure :**

- 1) Voter Identity Card or Electric Bill, Phone Bill or Driving License
- 2) 4 Passports Photograph
- 3) 6 Photos of Store with Dimension

Applicant Signature \_\_\_\_\_