

CONFIDENTIAL  
**Franchise Application Form**

**Part 1: Applicant Information**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Residential Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Preferred Method of Contact: (Phone/Email) \_\_\_\_\_

**Part 2: Business Experience**

Current Occupation/Position: \_\_\_\_\_  
Current Employer/Company: \_\_\_\_\_  
Years of Experience in Business: \_\_\_\_\_  
Previous Business Experience:  
Business Name: \_\_\_\_\_  
Role: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Key Responsibilities: \_\_\_\_\_

**Part 3: Franchise Type**

Please select the type of franchise you are interested in:

Unit Franchise \_\_\_\_\_  
Master Franchise \_\_\_\_\_

For Unit Franchise:

Preferred Location(s): \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_

Preferred Area (if any): \_\_\_\_\_

Are you familiar with the local market in the preferred location? (Yes/No) \_\_\_\_\_

Estimated Investment Budget: \_\_\_\_\_

For Master Franchise:

Geographical Area of Interest:

States/Regions: \_\_\_\_\_

Do you have a network or connections in the desired area? (Yes/No) \_\_\_\_\_

Estimated Investment Budget: \_\_\_\_\_

Plans for Sub-Franchising:

Number of Unit Franchises you aim to develop: \_\_\_\_\_

Target Opening Date: \_\_\_\_\_

**Part 4: Financial Information**

Personal Net Worth: \_\_\_\_\_

Available Liquid Assets: \_\_\_\_\_

Source of Funds for Investment: \_\_\_\_\_

Bank Reference:

Bank Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Part 5: Additional Information**

Why are you interested in becoming a franchisee with [Your Company Name]? \_\_\_\_\_

What skills or qualifications do you bring that will contribute to your success as a franchisee? \_\_\_\_\_

Any additional information or comments: \_\_\_\_\_

**Part 6: Declaration and Signature**

By submitting this application, I affirm that the information provided is accurate and complete to the best of my knowledge. I understand that this application is the first step in the franchise selection process and that further steps, including interviews and financial evaluations, maybe required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Instructions**

Please submit your completed application form to:

Email: [info@ekakshalimited.com](mailto:info@ekakshalimited.com)

For any inquiries or assistance, contact us at [info@ekakshalimited.com](mailto:info@ekakshalimited.com).