

## Franchise Registration Form

### Personal Details

Full Name

Father's Name

Mother's Maiden name

Date of Birth  Age  Sex ☐ Male ☐ Female

Place of Birth  Mother Tongue

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Widowed

Contact Number  Alternate Number

Whatsapp Number  Skype ID

Email ID

Permanent Address	Present Address
Accommodation Type: <b>Rent/own/Hostel/Bachelor</b>	Accommodation Type: <b>Rent/own/Hostel/Bachelor</b>
Accommodation Since :	Accommodation Since :
Emergency Contact Number :	Emergency Contact Number :
Proof submitted :	Proof submitted :
Document Number :	Document Number :

### Health Details

Birth Identification Marks  1).  
 2).  
 3).

Hand Use  **Right-handed / Left-handed** Height  **Cms** Weight  **Kgs**

Blood Group  Willing to donate  **If yes**

Physically Handicapped  **Yes/No** Type of PH  **If yes**

Surgeries/Treatments Undergone  **Yes/No** Type of Surgery  **If yes**

Any other Health Issues  **Yes/No** Please Mention  **If Yes**

Any unhealthy Habits  **Yes/No** Please Mention  **Smoking/Drinking/sleep-Food disorder etc.,**

Registrant Signature

### Expression of Interest in BIZ BULLS Franchise

Interested Project Name	BIZ BULLS India	
Industry of Project	Business Franchising	
Location of Interest	District Name, State Name	
Investment Amount	Rs. 5,00,000/- (approx.)	
Financial Assistance	Full Investment / Partial Loan / Full Loan / Seeking Investor	
Registration Fee	Rs. 25,000/- (Non-refundable & will be deducted from total investment amount)	
Franchisee Planning for	Self / Other – (Please mention)	
Franchisee Planning as	Sole Ownership / Partnership (Separate form to be attached)	
Location of Interest	District Name, State Name	
Business Place Type	Owned / Leased / Rented	
Business Place Size	Area of Place -	Sq.ft

### Checklist for franchisee understanding

By understanding the below checklist, you authorize BIZ BULLS India to operate on behalf of you, for any business proceedings hereon.

- ☐ Whether you meet all our eligibility criteria, mentioned in our brochure
- ☐ Whether you spend the required amount of time to run the business
- ☐ Whether Business registration support required for your franchise
- ☐ Whether Business Loan support required for your project investment
- ☐ Whether you accept & undergo timely Business training offered by company
- ☐ Whether you accept for company referred office set-up or such by BIZ BULLS tied-up 3<sup>rd</sup> party partners or group company partners
- ☐ Whether you understood & comply with all terms & conditions of our franchising
- ☐ Whether you understand that until your business launch, you are only authorized to keep in contact with BIZ BULLS team, and not authorized to contact any of our client/partner or such, for whatever might be the reason, unless it is authorized by our company
- ☐ Whether you understand that BIZ BULLS India has no relation to the business of clients' projects
- ☐ Whether you understand that a franchisee shall completely be your responsibility under the company guidelines and terms of operation.

Registrant Signature

### Academic / Education Details

Qualification (with specialization)	Institution Name	Board/university	Year of Passing	% Secured

### Social Identity Details

Aadhaar Card Number		Driving Licence No	
PAN Card No.		Passport No.	
Voter Card No.		Ration Card No.	

### Bank Account Details (for financial processes with us)

Bank Name		Branch	
Name (as in account)		IFSC Code	
Account Number		Type	Savings
Bank Name		Branch	
Name (as in account)		IFSC Code	
Account Number		Type	Savings

### Family Details

Name					
Relation	Father	Mother			
Age					
Education					
Occupation					
Monthly Income					
Contact No.					
Present Address (for any emergency communication)					

### Children Details (If any)

Name	Age	Sex	Stays with

Registrant Signature

**Personal References (If any) – other than family**

Name			
Relation			
Sex			
Age (approx)			
Occupation			
Location			
Contact Number			
Address			

**Attachments to be enclosed, with this form**

Please attach legible counter signed true copies of the following documents. Please tick the concerned box, before the attachment that you are enclosing.

- ☐ PAN Card
- ☐ Aadhaar Card
- ☐ Residential Address Proof
- ☐ Office premises lay-out & measurements copy (Rough draft)
- ☐ Photos of premises along with neighborhood photos
- ☐ Rental Agreement from the office premises owner (in case of rent/lease)
- ☐ Recent Photograph of applicant
- ☐ Individually filled & signed copies of this form (in case of partnership)

**Authorization**

I certify that all the information given in this application is true to the best of my knowledge.

- i) Should any information stated by me in this application be in-correct, my association / License with you is liable to immediate termination without refund of any payment..
- ii) I declare that I have not been convicted previously by any court of law nor have bad report from any institution or individual.
- iii) Should there be any changes in the particulars given by me in this application, I shall immediately inform the organization about the same.

**Place:****Date:****Signature:****Registrant Signature**