

FRANCHISE APPLICATION FORM

(For Companies/Individuals)

COMPANY DETAILS

Name of the Company/Individual			
In case of Individual, please fill Annexure A			
Company Address			
Company Website, if any			
Business Type	Proprietorship []	Partnership []	
	Private Limited []	Public Limited []	
Year of Incorporation			
Type of Business Activities			

CONTACT DETAILS

Salutation	Mr. [] Miss. [] Mrs. [] Any Other []		
Full Name			
Contact Numbers	Landline:	Mobile:	
Email			

DETAILS OF CORPORATE STRUCTURE

Name of the Proprietor/Partner/Director	Shareholding/Profit sharing (%)
1.	
2.	
3.	

COMPANY DETAILS

PAN No.	
GST No.	
CIN No.	
LLPIN	

COMPANY FINANCIALS

YEAR	2015	2016	2017
TOTAL REVENUE			

INVESTMENT INTEREST

1. Sri Sri Tattva	Investment 8 – 10 Lacs []
2. Sri Sri Tattva +	Investment 15 – 17 Lacs []
3. Sri Sri Tattva Clinic	Investment 17 – 22 Lacs []
4. Development Partner	Investment 50 lacs and above []

COMPANY HISTORY

1. Does the company have any experience in FMCG products?	
2. Has the company or any of its key people operated a franchise business before?	
If yes, please specify names of the franchise(s) and provide a brief description.	
Are you still operating any franchise(s)? Please provide details.	

BUSINESS INTEREST

Briefly state why you desire a ‘Sri Sri Tattva’ franchise.	
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What qualities do you have that will make you a good franchise partner of 'Sri Sri Tattva'?	
What strengths will you bring to 'Sri Sri Tattva'?	

FRANCHISE MARKETING AND OPERATIONS

Preferred Location(s)	
Do you already have location(s)?	
If yes, owned or leased?	
If yes, please fill Annexure B (Site Detail Form)	

If applying for Development partner, please provide details of your strength in the desired territory.

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How did you get to know about Sri Sri Tattva Franchise:

- a) Franchise India [] b) Internet/Digital Media [] c) TV/Print Advertisement []
- d) Any other, please specify _____

Please email the duly signed/stamped and completely filled form to:

ANNEXURE A

PERSONAL DETAILS

Salutation	Mr. [] Miss. [] Mrs. [] Any Other []
Full Name of the Individual	
Date of Birth	
Country of Birth	
Nationality	
Marital Status	Single [] Married []
Country of current residence	
Residence Landline No.	
Permanent Residence Address	
Temporary Residence Address	
PAN No.	
Aadhar Card No. (if providing any other photo ID, please specify)	

FAMILY

<i>Information of Spouse</i>			
Spouse's Full Name		Spouse's Occupation	
Spouse's Date of Birth		Spouse's Age	
<i>Information of Dependents</i>			
Number of Dependents		Age of Dependents	
Number of Children		Age of Children	

HEALTH

How would you describe your health?	Good	Average	Poor
Please explain, if poor.			

EDUCATION

State your educational experience, including name and location of schools, colleges, years completed and degrees earned.

INTEREST AND SPECIAL SKILLS

List your interest and special skills

SERVICE RELATED EXPERIENCE

State your employer's name, address, contact details and years in respective employment

BUSINESS OPERATIONS INFORMATION

What in your background will assist you in successfully managing a 'Sri Sri Tattva' franchise?	
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Will you be the managing the franchise?	
If no, then who will be the main Manager? Specify relation and provide details of his/her background.	
What amount will you personally invest in the franchise?	
What will be the source of these funds?	
Will you and your family completely depend on the income generated from the franchise?	
If no, what is the other business source of your income, if any.	
Will you have other business in this franchise?	
What will the per cent of your equity, if you have other business partners?	
Please give details (name, contact no., address) of the business partners.	

REFERENCES (NON FAMILY)

Full Name	Relationship	Contact No.	Address
1.			
2.			

DECLARATION

I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/We are aware the answers and information are true and correct in all respects and that no relevant details have been omitted.

I/We agree that Franchise India is collecting the above information on behalf of Sri Sri Tattva to assess whether I/We should be considered as a potential franchisee.

I/We acknowledge that Franchise India is relying upon the information contained in this form as a material factor in considering this Franchise Application.

I/We acknowledge and agree that Franchise India and Sri Sri Tattva is authorized to contact any appropriate third parties to verify the accuracy of the information in this Franchise Application and to retain any information obtained for its records.

I/We confirm that I/partners/directors have never been convicted of a criminal offense nor I am/are currently involved in a criminal proceeding.

I/We confirm that I am not/none of the partners/directors are involved in any intoxication business.

I/We are willing to open the franchisee within one (1) month of signing the Letter of Intent.

Date: _____

Individual/ Authorised signatory