



## **Grameen Store+**

### **Franchise Application Form**

Name of the Applicant/Group.....

Date..... Village.....

Cluster ID(Official Use Only\*):\_\_\_\_\_

Thank you for considering FarmersField Technologies pvt. ltd.

This form will help you prepare and present your personal and business information which is essential for our consideration in granting license. Please complete it thoroughly and note that completion of this application form places no continuing obligation on either you or FarmersField Technologies.



Title: \_\_\_\_\_

Name/Names: \_\_\_\_\_

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Captain's Name: \_\_\_\_\_

Registered Business Address:

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Pin: \_\_\_\_\_ Mob: \_\_\_\_\_

Alternate Mob: \_\_\_\_\_

PAN id: \_\_\_\_\_ AADHAR ID: \_\_\_\_\_

Preferred Location: \_\_\_\_\_



Please provide details about any of your existing business or your experience in Retail/Distribution

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### **References**

**Please provide details of two business references** (No contact will be made until we have any mutual agreement to your entering our extended licensing program)

#### **Referee 1**

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

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mob: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Referee 2**

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

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mob: \_\_\_\_\_ Email: \_\_\_\_\_



**Financial Statements** (Individual shop owner\*)

Salary/draw Bonus/Commision Dividends/interest: \_\_\_\_\_

Income from property: \_\_\_\_\_

Profit of your business Other income (please specify): \_\_\_\_\_

Spouse/Husband income Total: \_\_\_\_\_

**Financial Statements** (SHG\*)

Total income from other business/businesses: \_\_\_\_\_

Income from property: \_\_\_\_\_

Total income of the group: \_\_\_\_\_

How much capital do you have to invest in the business (Minimum INR 100000.00): \_\_\_\_\_

Have you ever been convicted of a criminal offence? Please provide details:

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FarmersField Technologies appreciates the time and effort you have put into the completion of this form and welcomes applications from all sectors of the community regardless of gender, marital status, disability, ethnic origin, race, color, nationality, sexual orientation, religion or belief.

Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by FarmersField Technologies to assess your application and carry out such checks as are required to verify your information and your suitability as an extended FarmersField Technologies licensee. You agree that you will notify FarmersField Technologies of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal from the Grameen Store+ program.

Many Thanks,

The Franchise Team,

FarmersField Technologies

**Photo**

**Name**

**Signature**

