Franchisee Application Form



				Pł	notograph
A1		Name of the Firm :			
A2		Address :			
A3		Telephone Numbers :			
A4		Mobile Number :			
A5		E-mail ID :			
A6		Name of the Proprietor/Partners:	1.		
			2.		
B1		Qualification of the Proprietor/Partners:	1.		
			2		
B2		Current Franchisee Business (Company nan	ne)	1	
				2	
B3		Investment in current business :			
C1		Proposed investment in our business :			
C2		Details of Investment			
	1. 2. 3.	Computer Security Deposit Stock			
D1	0.	Area to be allocated for Our business :			
D2		No of Telephone lines to be allocated :			
D3		No of Sales Executive to be recruited :			

E1	Name of the Banker	
E2	Address of the Bank	
E3	Overdraft facility with the Bank, if any:	
F1	Sales Tax Number	
F2	CST No	
F3	PAN No	
F4	Service Tax Number	

All information given above is true to the best of my knowledge. I fully understand that all investments will have to be made by me for current as well as future business.

signature

KARNI EXIM PVT LTD CONFIDENTIAL

Application for Dealer Appointment

EXISTING BUSINESS			
Name of Organization :			
Address :			
Phone (S) :		Fax :	
Email Address :			
Branch Office (S) :			
(If any address)			
Phone (S) :		_ Fax :	
Email Address :			
Type of Firm :	Sole Proprietorship		Partnership
	Pvt. Ltd. Co.		Public Ltd. Co.
Year of Establishment of Firm :			
In FMCG trade since :			
Companies and Brands currently	represented:		
Brand	Since When		Turnover

Place :

Date :

(Signature of the SE/ASE)