



INSPIRE FRANCHISE AUTHORIZED TRAINING CENTRE APPLICATION FORM

REFERENCE NO.: _____

(For Official Use)

CITY: _____

COUNTRY: _____

PERSONAL / CORPORATE INFORMATION

Name of the Franchise Owner or Organisation:		
Status of organisation.		
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company Private Limited
<input type="checkbox"/> Public Limited	<input type="checkbox"/> Partnership	
(Provide a copy of Partnership Deed / Memorandum and Articles of Association of company.)		
Registered Address of Organisation		
Date of commencement of business		
Turnover for the last 3 years.		
First Year	Second year	Third Year

In case of Partnership provide details of all partners, specifying Managing / Business Partner.
or
In case of Company provide details of all Directors and the Managing Director.

Sr. No.	Name	Designation
1.		
2.		
3.		
4.		
5.		

PERSONAL INFORMATION OF KEY PERSON

Name:	Mobile phone:	Business phone:
City:	E-Mail Address:	Zip code:

PREVIOUS BUSINESS EXPERIENCE

Have you ever owned a business or franchise? If yes, give detail.
Why should we choose you as our franchiser?
How much investment can you make towards this business? (give annual based figure)