



FRANCHISE INDIA INTERNATIONAL

(To be filled by office)

Reference No.: _____

Client Membership No.: _____

Date of application: _____

Registration Form

A Contact Information

Your Name	
Your Email Address	
Your Mobile Number	
Your Office Number	
Website Address (if any)	
Correspondence Address	
City & State	

B. Business Investment Criterion

Preferred City & State	
Any Specific sector in which you are interested :	
<input type="checkbox"/> Advertising/ Publishing/ Direct Mail <input type="checkbox"/> Building & Construction <input type="checkbox"/> Cleaning & Restoration <input type="checkbox"/> Consultancy <input type="checkbox"/> Education Products/ Services <input type="checkbox"/> Florist Shops <input type="checkbox"/> Health Aids/ Services <input type="checkbox"/> Hospitality <input type="checkbox"/> Education-Training <input type="checkbox"/> Mobile Cleaning/ Restoration <input type="checkbox"/> Photography & Supplies <input type="checkbox"/> Recreation Equipment/ Supplies <input type="checkbox"/> Telecommunication	<input type="checkbox"/> Automotive Products/ Services <input type="checkbox"/> Food & Beverages <input type="checkbox"/> Clothing <input type="checkbox"/> Convenience Stores <input type="checkbox"/> Electrical & Electronics <input type="checkbox"/> FMCG <input type="checkbox"/> Home Appliances/Products <input type="checkbox"/> Hotels/ Motels <input type="checkbox"/> Education-Schools <input type="checkbox"/> Optical Aids/ Services <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Retail Stores <input type="checkbox"/> Travel Agencies/ Services
	<input type="checkbox"/> Beauty Aids and Salons <input type="checkbox"/> Cheque Cashing/ Financial Services <input type="checkbox"/> Computer Education <input type="checkbox"/> Courier & Cargo <input type="checkbox"/> Employment/ Personnel Services <input type="checkbox"/> Footwear <input type="checkbox"/> Furniture Stores <input type="checkbox"/> Home-based Business <input type="checkbox"/> Immigration <input type="checkbox"/> Janitorial Services <input type="checkbox"/> Package/ Shipping/ Mail Stores & Service <input type="checkbox"/> Printing <input type="checkbox"/> Sign Products/ Services
	<input type="checkbox"/> Bookstores <input type="checkbox"/> Children's Products/ Services <input type="checkbox"/> Communication Centre <input type="checkbox"/> Designer Wear/ Design Institute <input type="checkbox"/> Entertainment <input type="checkbox"/> Gifts & Greetings <input type="checkbox"/> Home Furnishings <input type="checkbox"/> Industrial Application <input type="checkbox"/> Laundry/ Dry Cleaning <input type="checkbox"/> Medical Transcription <input type="checkbox"/> Pest Control Services <input type="checkbox"/> Real Estate Offices/ Services <input type="checkbox"/> Sports/ Recreation
In any other, please specify	
Reason of choosing the industry	
Any experience in the chosen industry	
Source of investment (With % age of own & borrowed funds)	
Investment Price Range (Rs.) (Min-Max)	
Timeframe to invest	
Total funds available for down payment (Rs.)	
How much ROI (%) do you expect every	
What is the Payback/Break-even period you expect?	

C. Business Experience

Company Name		
Your Designation		
Year of establishment		
Type of Business/Industry		
Line of Business (Main Product)		
Major Clients		
Latest Annual Turnover (Rs)		
Location		
Awards/Recognition		

D. Property Details (if applicable):

Complete Address of the Property	
Area of the Property (sq. ft.)	
Location of the property (please tick)	Commercial/Residential space/Mall (Other, please specify: _____)
Own property/Rented property	
Which floor do you own?	
Available parking space (sq. ft.)	
Approx. monthly rent of the property (Rs.)	
Value of the Property (approx.)	
Neighborhood brands of your property	
Brands Interested In	
What are you interested in?	<input type="checkbox"/> Leasing <input type="checkbox"/> Franchising <input type="checkbox"/> Other (Please Specify: _____)

E. References

Reference #1:

Name	
Address	
Contact No	
Occupation	

Brokerage Terms: The investor has to pay us a brokerage of 2% of the project cost or 20% of the franchise fees or INR 75,000, whichever higher + service tax on the successful sign-up of LOI/Agreement, whichever earlier with the brand/franchisor.

Declaration: I hereby certify that the information furnished in this application is true and correct to the best of my knowledge and I agree on the brokerage terms mentioned above.

Name:

Date:

Place:

Disclaimer

FIB disclaims all responsibility for any loss, injury, liability or damage of any kind resulting from and arising out of, or any way related to the decision taken by the investor. They are advised to check and verify the information in respect of business before taking any decision.

FRANCHISE INDIA INTERNATIONAL BRANDS PRIVATE LIMITED B-13, Ansal Chamber -II, 6, Bhikaji Cama Place, New Delhi-110066.

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