

Franchise Application Form

Please paste your passport-sized photograph here

Guidelines:

1. Please enter all relevant details. Do not keep any details vacant / unfilled.
2. In case of questions with multiple options, please tick the appropriate answer.
3. In case you wish to provide any additional information, please attach a separate sheet.
4. Attach your current updated resume and business card along with this application form.

PLEASE WRITE IN BLOCK LETTERS

Title (Mr/ Mrs)

Full Name:

Address:

Telephone / Mobile Email:

Date of birth:

Gender: Male Female

Marital Status: Yes No

SECTION I: PERSONAL FACT SHEET

1. Educational Qualification (beginning with the most recent):

Qualification	Year of Passing	Name of Institution

2. Current Occupation: (Please Tick)

a.) Service

b.) Business

c.) Both

To be filled in by those in service

Name of current employer: _____

Designation : _____

Previous Work Experience: _____

Period	Organization Name	Designation	Responsibilities

To be filled in by those in business :

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products /Services offered	Years in Business	Number of People Employed	Turnover (\$)		
						Last 3 years		

1. Does your professional background involve any of the following? (Please tick the appropriate option)

- | | |
|-------------------------|-----------------------------|
| 1. Marketing/Sales | 2. Software/Hardware/IT |
| 3. Education/Training | 4. Profit Center Management |
| 5. Small Business Mgmt. | 6. Other (specify) _____ |

4. Are you currently associated with any professional group/association? Yes No

If yes, give details: _____

5. Your social status:

- a) Any past criminal record? Yes No
- b) Are any criminal proceedings pending against you in any courts in India? Yes No
- c) Have you ever been charged for any unlawful acts? Yes No

If you have ticked 'Yes' for any of the above options, please state details of the same here below:

SECTION II: THE PROPOSED CENTRE

1. How do you propose to set up the Centre?

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Private Ltd. |
| <input type="checkbox"/> Public Ltd. | <input type="checkbox"/> Society | <input type="checkbox"/> Trust |

Is the Proprietorship/Partnership/Company/Already in existence?

Yes No

If yes, what is the name of the Business/Firm/Company? _____

2. City / Town where you propose to setup the new venture _____

Located in the state of _____.

3. When do you propose to setup the new venture?

- Immediately Within next 3 months Next 3 to 6 months

1. Do you already possess a site?

Yes No

2. If no, do you have a site in mind?

Yes No

3. Please give details of the site :

Nature of Agreement* Ownership/ Rental/Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From: _____ To : _____		

4. In case you do not have a site, do you plan to take on rent? Yes No

If yes, within how many months? _____

5. How much funds are you willing to invest?

More than \$75,000 \$35,000 to \$75,000 \$20,000 to \$35,000 Below \$20,000

6. What efforts / initiatives would you put in to make this business a success?

7. State reasons why ON SKY GLOBAL should considered you as a business partner.

Date: _____

Signature: _____

All information provided here will be kept strictly confidential and will not be used for any other purpose.



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