

For Office Use Only
Ref. No: FM
Officer:
Date of Receipt:

INVESTOR INFORMATION FORM

(Fields marked * are mandatory)

PERSONAL INFORMATION

LAST NAME*	FIRST NAME	MIDDLE NAME	EMAIL
DATE OF APPLICATION*		AGE	TELEPHONE / MOBILE*
/ /			
CURRENT ADDRESS*	CITY	STATE	ZIP
EDUCATION : GRADUATE	NON- GRADUATE	POST GRADUATE	

APPLICANT'S FRANCHISE PLANS

HAVE YOU OWNED ANY FRANCHISER BUSINESS EARLIER*:	YES	NO
IF IN SERVICE ,PLEASE MENTION COMPANY NAME,POSITION AND CURRENT JOB :		
WILL THE FRANCHISE BE OWNED AND OPERATED BY YOURSELF OR A GROUP? *		
PLEASE EXPLAIN*		
ANY SPECIFIC INDUSTRIES IN WHICH YOU ARE INTERESTED IN OWNING A FRANCHISE BUSINESS:		
<input type="checkbox"/> Add on business <input type="checkbox"/> Beauty Aids and Salons <input type="checkbox"/> Caf� <input type="checkbox"/> Closet Remodeling <input type="checkbox"/> Consultancy <input type="checkbox"/> Education Products/ Services <input type="checkbox"/> Florist Shops <input type="checkbox"/> Food: Ice Cream/ Frozen Yogurt <input type="checkbox"/> Furniture Stores <input type="checkbox"/> Home-based Business <input type="checkbox"/> Hotels/ Motels <input type="checkbox"/> Janitorial Services <input type="checkbox"/> Mobile Cleaning/ Restoration <input type="checkbox"/> Photography & Supplies <input type="checkbox"/> Recreation Equipment/ Supplies <input type="checkbox"/> Sports/ Recreation	<input type="checkbox"/> Advertising/ Publishing/ Direct Mail <input type="checkbox"/> Bookstores <input type="checkbox"/> Cheque Cashing/ Financial Services <input type="checkbox"/> Clothing <input type="checkbox"/> Convenience Stores <input type="checkbox"/> Electrical & Electronics <input type="checkbox"/> FMCG <input type="checkbox"/> Food: Pizza <input type="checkbox"/> Gifts & Greetings <input type="checkbox"/> Home Furnishings <input type="checkbox"/> Immigration <input type="checkbox"/> Laundry/ Dry Cleaning <input type="checkbox"/> Optical Aids/ Services <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Retail Stores <input type="checkbox"/> Telecommunication	<input type="checkbox"/> Automotive Products/ Services <input type="checkbox"/> Building & Construction <input type="checkbox"/> Children's Products/ Services <input type="checkbox"/> Computer Education <input type="checkbox"/> Courier & Cargo <input type="checkbox"/> Employment/ Personnel Services <input type="checkbox"/> Food & Beverages <input type="checkbox"/> Food: Restaurants <input type="checkbox"/> Health Aids/ Services <input type="checkbox"/> Gifts & Greetings <input type="checkbox"/> Home Products <input type="checkbox"/> Industrial Application <input type="checkbox"/> Lawn/ Garden Services <input type="checkbox"/> Package/ Shipping/ Mail Stores & Service <input type="checkbox"/> Printing <input type="checkbox"/> Schools <input type="checkbox"/> Travel Agencies/ Services
<input type="checkbox"/> Automotive Repair <input type="checkbox"/> Business Aids/ Services <input type="checkbox"/> Cleaning & Restoration <input type="checkbox"/> Communication Centre <input type="checkbox"/> Designer Wear/ Design Institute <input type="checkbox"/> Entertainment <input type="checkbox"/> Food: Fast Food/ Quick Service <input type="checkbox"/> Footwear <input type="checkbox"/> Home Appliances <input type="checkbox"/> Hospitality <input type="checkbox"/> IT Education <input type="checkbox"/> Medical Transcription <input type="checkbox"/> Pest Control Services <input type="checkbox"/> Real Estate Offices/ Services <input type="checkbox"/> Sign Products/ Services <input type="checkbox"/> Other: _____		
IF ANY OTHER, PLEASE SPECIFY-		
COMPANY INTERESTED IN:-		
INVESTMENT (Min- Max)		
AFTER YOU BUY A FRANCHISE, WILL YOUR FAMILY WORK IN THE BUSINESS?		
YES	NO	UNDECIDED
Remarks		
THE UNDERSIGNED CERTIFIES THAT EACH PART OF THE APPLICATION AND THE INFORMATION INSERTED HEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT.		
DATE:	NAME & SIGNATURE:	