

**AFS FRANCHISE APPLICATION**

NAME OF THE COMPANY.....

NAME OF THE PROPRIETOR.....

PERMANENT ADDRESS.....

TEL. NO.OFF.- LANDLINE.....MOBILE.....

e-mail Id.....

ACADEMIC QUALIFICATION .....

EXISTING BUSINESS /OCCUPATION

EDUCATION  MANUFACTURING  RETAIL  ANY OTHER.

LOCATION OF PROPOSED AFS FRANCHISE INSTITUTE

CITY .....

STATE .....

ADDRESS.....

WHAT IS THE CONSUMER PROFILE & BENEFIT OF THE PROPOSED LOCATION ?

HIGH INCOME  MIDDLE INCOME  SCHOOL /COLLEGE  MARKET

PROPERTY FOR PROPOSED AFS FRANCHISE INSTITUTE IS....

OWN  JOINTLY OWNED  RENTED

PROPERTY IN SQUARE FEET AREA

1500  2000  ABOVE 2500.

PROPOSED CAPITAL INVESTMENT CAPACITY FOR THIS VENTURE

15 LAKHS  30 LAKHS  50 LAKHS & ABOVE

WILL YOU TAKE A LOAN FOR THIS VENTURE ?  YES  PARTIALLY  NO

HOW SOON DO YOU INTEND TO INVEST IN AFS FRANCHISE INSTITUTE ?

WITHIN 30 DAYS  60 DAYS  ANY OTHER

PLEASE EXPLAIN WHY YOU WANT TO OWN AFS FRANCHISE

.....  
.....  
.....

DATE.....



Signature of the Applicant.

