


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 CV and business card along with this application form.

PLEASE WRITE IN BLOCK CAPITALS

Title (Dr/Mr/Mrs/Miss/Ms)

Full Name:

Address:

Telephone / Mobile number:

Email:

Date of birth:

Gender: M F (circle as appropriate)

Married: Y N (circle as appropriate)

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 (Rs.) | | |
|-----------------|--|--------------------|----------------------------|-------------------|---------------------------|----------------|--|--|
| | | | | | | Last 3 years | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

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

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Are any criminal proceedings pending against you in any courts in India? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Have you ever been charged for any unlawful acts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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?

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

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

- a.) Yes b.) 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

4. Do you already possess a site?

Yes No

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

Yes No

6. 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 : _____ | | |

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

If yes, within how many months? _____

8. How much funds are you willing to invest?

More than 50 Lacs 40 to 50 Lacs 30 to 40 Lacs

Below 30 Lacs

9. How do you propose to raise the funds required for this venture?

Own Capital _____ %

Loans from financial institutions _____ %

Other Sources _____ %

If from other sources, please specify the source and attach a note on the background of the person(s).

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

10. State reasons why Kompass Aviation should considered you as a business partner.

Date: _____

Signature: _____