Form No: SSS/A1/01

FRANCHISE APPLICATION FORM

CITY: _____

APPLICANT'S FULL NAME: (Please write in block letters)

APPLICANT'S FATHER NAME: (Please write in block letters)

CNIC:

					-								-	

CELL NO: _____ **EMAIL:** _____

RESIDENTIAL ADDRESS:

Address: _____

_____ City: _____ Postal Code: _____ Tel: _____

Do you already have a property for the school project? ☐ Yes ☐ No

If yes, please give details where you want to operate SEED SCHOOL

Address: _____

Plot Area (Marla's): _____ Covered sq. ft. Area: _____ Open sq. ft. Area: _____

☐ Self-Owned ☐ Rented Monthly Rent: _____ Lease period: _____

If No, what is the proposed location? _____ Proposed Area: _____

Please answer the following questions:

a. Which schools / preschools are operating in the area? _____

_____

b. What is the average school fee charged by the market leaders? (per month) _____

_____

APPLICANTS BACKGROUND:

Highest Qualification: _____ Current Occupation: _____

Employer: _____

Detail of business if self-employed: _____

I understand that this application may be refused on any ground. If my application is accepted, I will follow all the rules and regulations of SEED SCHOOL and will make all the due payments promptly.

Signature of applicant: _____ Date: _____