



WRAPZ FRANCHISE APPLICATION FORM



Name of the Applicant:

Address:

City: **PIN:** **State:** **Country:**

Business Phone: **Mobile:** **Email:**

Date of Birth: **Place of Birth:** **Citizenship:**

Employment History

Your current Employment or Businesses:

If franchisee then details of the same:

Investment Capabilities

5 – 8 Lakhs 10 – 15 Lakhs 20 – 50 Lakhs above 50 Lakhs

Constitution of Firm

Pvt. Ltd. Proprietor Partnership Others:

Interests and Opportunities

Do you have any prior experience in the food/Restaurant Industry? If yes, please give the details

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Will you be able to give your fulltime commitment in running a successful WRAPZ franchise:

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.....

Information of Property

The following details are important for the consideration in granting a Franchisee

Location of the property

(Please specify the location details) **City:** **State:**

Whether in (Please tick and give details)

- Mall
- High Street
- Residential Market
- Shopping Center
- Others (Specify)

Area in sq ft:



Whether the property is

Leased

Owned

Rented

If rented then Rent and lock in period:

Property approved by Municipal Corporation Authorities Yes No

If yes, please state

Nature of Property (Commercial / Residential):

Operations specific details

Drainage Yes No

Electric load capacity Yes No

Parking Space Yes No

Signage Area Yes No

I declare that all the information given in this application is correct and I authorize WRAPZ to conduct its own enquiries as to ensure the accuracy of these statements.

Applicants Signature:

Date:

