



FRANCHISE APPLICATION FORM (STRICTLY CONFIDENTIAL)

Kindly fill in the form below and submit the same

1. Personal Details

a. Full Name _____ DOB: _____

b. Address _____

Tel. _____ Fax _____

Mobile _____

E-mail: _____

c. Education

Undergraduate

Graduate

Post Graduate

PHOTO

2. Work Experience Details. [If in business, please indicate nature and no of years in business]

3. Location of Proposed KIDZ franchise:

City / Town: _____

Locality: _____

Premises Located in: Established Market / Non Authority Residential Sector / Development
Authority Sector / Commercial Area

Floor: Basement / Ground Floor / First Floor

Any other brands nearby: _____

Parking facility: Yes / No



What is the Parent profile of the proposed locality?

High income / Middle income residential area / College / school students

Any other _____

4. Details of Premises (To be Filled by Operation Team)

Size in Sq. Ft (area): _____

Frontage (in ft): _____

Ceiling Height (in ft.): _____

Proposed capital investment: Rs. _____

Is the property owned or rented? _____

If rented for how many years is the lease? _____, Beginning _____

Kindly enclose 2 – 3 photographs of the proposed Premises from various angles, the entrance, and the road leading to the Place and nearby market / surrounding area. If not than kindly sketch out the same for better understanding of the proposed location.

5. Please indicate the amount of funds that you are willing to invest, should you be awarded this franchise (please tick)

10 – Lacs

12 lacs & above

DECLARATION

I declare that the above details and information provided by me are true to the best of my knowledge and belief.

Place: _____

Signature: _____

Date: _____

Note: Submission of the KIDZ ICONIC franchise application form does not guarantee the award of franchise.