



APPLICATION FORM

This questionnaire is designed to help with preparing and presenting personal information for the confidential use of our franchising department. Please include as much detail as possible. The completion or submission of this report places no continuing obligation on either party. This is not a contract.

PERSONAL INFORMATION:

Name: _____

Date of Birth: _____ Marital Status: _____

Contact Number: _____

Email ID: _____

Educational Qualification: _____

Address: _____

Passport Size Photograph

Other Family Detail: *(Fill whichever is applicable)*

Spouse's Name: _____ Age: _____ Occupation: _____

Father's Name: _____ Age: _____ Occupation: _____

Brother's Name: _____ Age: _____ Occupation: _____

PROFESSIONAL INFORMATION:

Current employment: Govt. / Private Job Business Waiting for an opportunity

If business, describe your business.

Do you have any previous franchisee business experience? Yes No

If yes, briefly describe:

Have you ever failed in a business venture? Yes No

If yes, then please provide reason of failure as per your understanding and analysis:

FINANCIAL INFORMATION:

Present Annual Income: Rs. _____ Total Family Income: Rs. _____

How much do you expect to earn being our franchisee? Rs. _____

What is your current investment capacity? Rs. _____

Can you invest further with the growth of business volume and income? Yes No

OPERATIONAL INFORMATION:

Do you plan to look after this business personally? Yes No

If no, who would be responsible for the day-to-day operations? (i.e., name of partner and/or equity operator)

Name: _____ Contact Number: _____

REFERENCES:

One business reference and one personal reference:

Name: _____ Age: _____ Sex: _____

Address: _____

Contact Number: _____

Name: _____ Age: _____ Sex: _____

Address: _____

Contact Number: _____

Name of the Distribution Point/ Sub- Division / Zone you want to apply: _____

The undersigned states that the information contained herein is true and correct to the best of his / her knowledge and gives permission to Homeland Agro Natural Harvester Pvt. Ltd. and its representative to confirm the information provided.

Signature: _____

Date: _____

E-mail the filled Application Form at homeland.agro@gmail.com.

HOMELAND AGRO NATURAL HARVESTER PVT. LTD.

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