



EXPRESSION OF INTERST FORM

Personal Data

Name:

Business Address:

Business Telephone:

Fax:

Mobile:

Email Id:

Residence Address:

Residence Telephone:

Date of Birth:

No. of Dependants:

Education

Degree

Institution

High School

Graduate

Post Graduate

Relate your experience in Customer Service & Marketing:

Current business**Employment/Business Experience**

Present Occupation:

Position /Title:

Employer / Company's Address:

Supervisor's Name and Contact Number (If applicable)

Name:_____ Contact No._____

Your Responsibilities (Also applicable in case of own business)

Management and Marketing of Current Business.

Financial Information

What will be the source of finance for your MOC outlet? (In Rs.)

- | | |
|---------------------------|-----------|
| 1. Own funds | Rs. _____ |
| 2. From friends/relatives | Rs. _____ |
| 3. Loan from Institution | Rs. _____ |

4. Any other specify Rs. _____ Total Rs. _____ _____
Would this business be your sole source of income? Yes <input type="checkbox"/> YES <input type="checkbox"/>
Will you personally operate the business? Yes <input type="checkbox"/> YES <input type="checkbox"/>
If yes, how many hours will you put in per day? If NO, how and to whom will you delegate the job of performing day-to-day business functions at your outlet?

Location

Location of interest:
Do you have a place already: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give the details of the place: If this space is not approved by brand would you still be interested? yes <input type="checkbox"/> no <input type="checkbox"/>
Do you plan to have a single outlet or start with multiple locations?

Thankyou for showing interest in franchise and providing the above information. Our Franchising team will get in touch with you to further understand your interest in franchise.