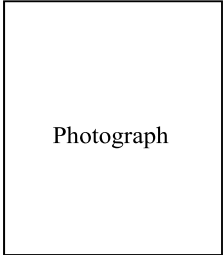




OKTEL LIFE CARE INDIA'S NO-1 HEALTHCARE MALL®
 FOR INDIVIDUALS/ FIRMS/ COMPANIES PLANNING TO SET UP FRANCHISE BUSINESS IN HEALTHCARE MALL

FRANCHISE APPLICATION FORM



Photograph

Franchise Code (For office use only):

1. Applicant Name:

2. Father Name / Husband Name:

3. Correspondence Address:

.....

Landmark: State: Pin code:

4. Contact No: 1..... 2..... Mail Id:@.....

5. Territory/City/Suburb where Franchise is proposed to be setup:

A. Franchise Type: (Silver / Gold / Hyper / Sapphire):

B. Shop Address:Landmark:

C. Area in Sq.Ft: Owned or Leased:

D. If not owned, how much time would it take to purchase / to take on rent:

6. Educational Qualification:

7. Payment Method (Cheque / Cash / DD / Online Transfer): Please Tick:

Amount: Cheque No: Utr No: Transaction No: Date:.....

8. Current Occupation: Service: Business: Other:

9. Do you have prior experience in any of the following fields? (Please tick)

Marketing/Sales: Pharmacy Business: Retail Business:

Hospitality Business: In-house /Personal business: None of these

10. Detailed Experience (Service / Business /Professions /Others):

.....

Declaration:

That the details mentioned in all paragraphs are true and correct and best of my knowledge. I, the undersigned am liable and fully responsible for the details mentioned herein above and nothing herein has been concealed there from.

Date: / /

Applicant Name:

Signature:

For Office Use Only:

Referred By:

Signature: