



**Frankfinn College**<sup>TM</sup>  
*of management & vocational studies*

## FRANCHISE APPLICATION FORM

# FRANKFINN COLLEGE OF MANAGEMENT & VOCATIONAL STUDIES

(A unit of Frankfinn Aviation Services Pvt. Ltd.)

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

### FRANKFINN GROUP



**CORPORATE INFORMATION**

Name of organisation.		
Status of organisation. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company Private Limited <input type="checkbox"/> Public Limited Company (Provide a copy of Partnership Deed / Memorandum and Articles of Association of company.)		
Registered Address of Organisation		
Date of commencement of business		
<b>Turnover for the last 3 years.</b>		
2012-2013	2011 - 2012	2010 - 2011

In case of Partnership provide details of all partners, specifying Managing Partner.

or

In case of Company provide details of all Directors and the Managing Director.

S.No.	Name	Designation
1.		
2.		
3.		
4.		
5.		

**PERSONAL INFORMATION OF KEY PERSON**

Name	Mobile phone	Business phone
Qualification / Degree	Last year of school completed	Name of college and / or postgraduate school
Residence	May we contact you at your mobile / business phone?	
City	E-Mail Address	
State/Zip code	Pan Number	Date of Birth
Have you or spouse ever been accused or convicted by any civil / criminal court? If yes, give detail.		

Present Occupation / Service	Position	Dates employed
Company	Address	

**PREVIOUS BUSINESS EXPERIENCE**

Have you ever owned your own business or franchise? If yes, give detail.
Have you ever had a business failure? If so, explain.
Why do you feel you should be granted a Franchise of Frankfinn College?
How much investment can you make towards this business?

**MISCELLANEOUS INFORMATION**

Has any of your relative / friends been associated with Frankfinn as employee / vendor or in any other capacity? If yes, give detail.
Are you related by blood or marriage to any employee of Frankfinn? If yes, give detail.
Has any of your relative been in the educational business during the last 3 years? If yes, give detail. (Father, Mother, Sister, Brother, Husband, Wife, Son, Daughter, Son-in-law, Daughter-in-law, Brother-in-law, Sister-in-law, Father-in-law, Mother-in-law)
Are you or your employer providing products, goods or services to Frankfinn or franchisees of Frankfinn? If yes, please attach detailed information.
Will you devote your full time to this business?
The flexibility to relocate may be required. To which general geographic area(s)/city would you be willing to relocate for a institute setup opportunity.
Have you ever applied for a Frankfinn's franchise? If so, where and when?

Personal references (other than employers or relatives)				
S.No.	Name in Full	Landline Phone Number	Mobile Number	E-mail ID
1.				
2.				

## UNDERTAKING

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, LAW ENFORCEMENT AGENCY, STATE OR FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, BANKING INSTITUTION, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY LOAN BALANCES, CRIMINAL HISTORY, EMPLOYMENT RECORDS OR ANY OTHER INFORMATION REQUESTED TO THE FRANCHISOR. I VOLUNTARILY AND KNOWINGLY AND UNCONDITIONALLY RELEASE ANY OF THE ABOVE NAMED AGENCIES AND/OR INDIVIDUALS FROM ANY AND ALL LIABILITY RESULTING FROM FURNISHING THIS INFORMATION.

THE INFORMATION CONTAINED IN THIS APPLICATION IS PROVIDED FOR THE PURPOSE OF OBTAINING A FRANCHISE AND/OR CREDIT OR EXTENDING OR MAINTAINING CREDIT WITH FRANCHISER ON BEHALF OF THE UNDERSIGNED.

THE UNDERSIGNED EXPRESSLY AGREE(S) TO NOTIFY FRANCHISER IMMEDIATELY IN WRITING OF ANY MATERIAL CHANGE IN HIS/HER/THEIR FINANCIAL CONDITION WHETHER APPLICATION FOR FURTHER CREDIT IS MADE OR NOT.

THE UNDERSIGNED CERTIFIES THAT EACH PART OF THE APPLICATION AND FINANCIAL STATEMENT HERE OF AND THE INFORMATION INSERTED HEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT. I KNOW AND UNDERSTAND THE LEGAL IMPLICATION OF MAKING OR INSERTING FALSE INFORMATION IN THE APPLICATION FOR WHICH THE FRANCHISER SHALL BE INDEMNIFIED.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITTEN SIGNATURE.**

**APPLICANT** (PLEASE FORWARD PHOTO COPY OF CURRENT ID PROOF( PASSPORT / VOTER ID CARD / PAN CARD) WITH THIS APPLICATION)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**ENCLOSURES:**

**PHOTO COPY OF CURRENT ID PROOF WITH THIS APPLICATION**

**Thank you for your interest in the FRANKFINN COLLEGE OF MANAGEMENT & VOCATIONAL STUDIES Franchise Opportunity, We look forward to receipt of this application and further discussing our franchise program with you.**

***Please address it to : FRANCHISE MANAGER, FRANKFINN COLLEGE OF MANAGEMENT & VOCATIONAL STUDIES***



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**CORPORATE OFFICE:**

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