

MICKEY ARTHUR SAM CRICKET VENTURES PVT LTD FRANCHISEE EVALUATION FORM

2021 - 2022



FRANCHISEE EVALUATION FORM

PRIVACY POLICY : ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL AND WILL NOT BE DISCLOSED EXCEPT FOR PURPOSES OF VERIFICATION. THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION BY EITHER PARTY.

PRIMARY CONTACT INFORMATION

FIRST NAME		MIDDLE NAME	LAST NAME
DATE OF APPLICATION	MOBILE NUMBER	EMAIL	
CURRENT ADDRESS		CITY	COUNTRY
		PIN CODE	

APPLICANT'S BUSINESS DETAILS

CURRENTLY DO YOU OWN & OPERATE ANY FRANCHISED BRAND?		
COMPANY NAME:		
DATE OF ESTABLISHMENT:	CURRENT BUSINESS YOU OPERATE:	PRODUCTS/SERVICES:
DO YOU HAVE A FULL OWNERSHIP OF YOUR BUSINESS OR DO YOU HAVE SHAREHOLDERS / PARTNERS, AND WILL YOU TAKE THIS FRANCHISE AS AN INDIVIDUAL?		
AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS:		
TERRITORY FOR WHICH APPLICATION IS MADE:	WOULD YOU CONSIDER ANY OTHER AREA?	
HAVE YOU EVER OWNED AN EDUCATION OR A SPORTS FRANCHISE BRAND?		
HOW BIG IS YOUR PREMISES? IS THE PREMISES WHERE YOU OPERATE RENTED OR OWNED BY YOU?		

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THE MANAGEMENT TEAM

GIVE A COMPLETE RECORD OF YOUR POSITION, CONTACT INFORMATION, AND RESPONSIBILITIES WITHIN THE ORGANIZATION.

FULL NAME:	
POSITION TITLE AND DUTIES:	
PHONE NUMBER:	EMAIL:
ADDRESS:	LENGTH OF SERVICE TO THE COMPANY:

APPLICANT'S PLACE OF BUSINESS

CURRENT SPACE WITHIN WHICH YOU INTEND TO OPERATE THE FRANCHISE?	SQ. FT.	FLOORS
ARE YOU ALSO OPERATING ANOTHER BUSINESS AT THE SAME PREMISES?	YES	NO
HOW MUCH AREA CAN YOU DEDICATE TO THE MAELCC BRAND?	SQ. FT.	

In submitting the foregoing application and statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial and in the absence of such written notice, it is expressly agreed that Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect.

The undersigned consents and authorizes Franchisor to conduct a background check which may include investigation credit history. All information derived from the above shall be kept confidential and be used by Franchisor for internal evaluation purposes only.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date: Name: Signed:


List of self-attested scanned copies required to be submitted along with this Franchisee Evaluation Form:

1. PAN Card of Company / Directors / Partners / Individual
2. Certificate of Incorporation / Partnership Deed / Birth Proof (In case of individual)
3. Bank Account Statement for last one year
4. Income Tax Returns for last two Assessment Years
5. Address Proof
6. GST Certificate (If any)



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