



# Application

*(To be completed by **Applicant** and each **partner** and **shareholder** in **Applicant**)*



***Affix a Photo***

DATE: \_\_\_\_\_

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to **Shree Herb** or that a franchisee applicant will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. Thank you again for your interest in **Shree Herb**.

\*NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Sex: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ \*MOB: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\*EDUCATION: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

CURRENT WORK PLACE: \* \_\_\_\_\_

GENERAL BUSINESS/WORK EXPERIENCE:

\*PROPOSED LOCATION: \_\_\_\_\_

FEASIBILITY OF SITE:

\*MEDICAL ACTIVITY IN THE AREA:

ARE YOU AN EXISTING FRANCHISEE OF **SH Business**? YES/NO

DOES ANY OF YOUR RELATIVES HAVE **SH** FRANCHISE? **YES/NO**

ARE YOU RUNNING SOME OTHER FRANCHISE BUSINESS? **YES/NO**

Are you/or have you been in an existing contract with **SHREE HERB** other than Franchisee contract? **YES/NO**

**IF YES, KINDLY GIVE DETAILS:** \_\_\_\_\_

**\* ATTACH A COPY OF CNIC**

**\*ATTACH A COPY OF LAST ONE YEAR BANK STATEMENT**

### **Authorization for Investigation**

I/we represent and warrant that all of the statements made by me/us in the above application are true and correct. I/we understand that if I/we make a false statement, such action will terminate my/our application for consideration. I/we understand that by signing this application, I/we authorized Shree Herb to check my/our credit with a credit bureau, conduct a background and criminal investigation and conduct whatever investigation as permitted under the Act. I/we agree that this application shall be and remain the property of Shree Herb whether or not this application is approved. By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

I/we understand that this application does not obligate either party to engage in a business transaction in any manner.

<b>Applicants Signature:</b>	Date:
<b>Partner of Spouse's Signature:</b>	Date

Received by Officer In charge

Shree Herb Pvt. Ltd.

Date: \_\_\_\_\_

**\*\*Print and fill the Hardcopy in the running hand of applicant and provide the Hardcopy to the nearest Office of Shreeherb.Pvt.Ltd with Adhar Card and Pan Card Xerox.\*\***