



FRANCHISE APPLICATION FORM

BASIC DETAILS (Please write in CAPITAL LETTERS)

Name of Applicant

C.N.I.C. NUMBER

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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N.T.N. NUMBER

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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ADDRESS

AREA/COLONY _____	CITY _____
TEHSIL _____	DISTRICT _____

CONTACT DETAILS

Email _____	CONTACT# _____
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EDUCATION

DEGREE	INSTITUTION	YEAR OF PASSING
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF ALREADY IN BUSINESS (Please Provide Details)

SOLE PROPRIETERSHIP _____	PARTNERSHIP _____
PUBLIC/PVT LTD _____	FRENCHISE/DEALERSHIP _____
COMPANY NAME _____	ADDRESS _____
Designation in the company _____	

NATURE OF THE BUSINESS

DISTRIBUTION _____	RETAIL _____
SERVICES _____	OTHER _____
TYPE OF PRODUCT _____	

BUSINESS EXPOSURE

BUSINESS EXPERIENCE (# of years) _____	POSITION _____
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IF EMPLOYED (Please Provide Details)

GOVT./PRIVATE _____	DESIGNATION _____
PLACE OF EMPLOYMENT _____	

APPLYING FOR AreazHub Ltd. FRANCHISE AS,

SOLE PROPRIETERSHIP _____	PARTNERSHIP _____
PUBLIC/ PVT LTD _____	

In case of Partnership/Pvt. Ltd Co. Name of the Partners/Directors

_____	_____
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AREA APPLIED FOR

CITY _____	TEHSIL _____	DISTRICT _____
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WILL YOU MANAGE FRANCHISE

PERSONALLY _____	DELEGATE _____
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*I hereby confirm that all the given information is true to the best of my knowledge.

Signature _____	DATE _____
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REQUIRMENTS

*Original and photocopy of DD/P0 worth Rs. 10,000 in the name of "AreazHub LTD." as application processing fee

*Photocopy of CNIC & FBR Registration certificate

* Original filed application form

PLEASE NOTE

* Application processing fee is non-refundable

* Cross-cheques are not acceptable

* You can apply for one city on one application

* AreazHub Ltd. Reserves the right to accept/reject any or all applications without assigning any reason and company's decision shall be considered final.