

APPLICATION FOR APPOINTMENT OF FRANCHISEE

1. PERSONAL DETAILS:

[Attach a copy of Aadhar card and Pan card of 1st Applicant]

a) Full Name of the Applicants:

i. _____

ii. _____

iii. _____

PHOTO

b) Date of Birth:

i. Applicant No. i) : _____

ii. Applicant No. ii) : _____

iii. Applicant No. iii) : _____

c) Residential address of 1st Applicant: _____

District: _____ State: _____ Pincode: _____

Mobile number: _____

2. BUSINESS DETAILS:

a) Name of your Company / Firm: _____

b) Type of Business: _____

c) Date of commencement:

d) Indicate wheter Proprietary () Partnership () Pvt. Ltd. () others (specify) ()

[Please attach a copy of Partnership deed / Memorandum of Articles, as applicable]

e) Are you a Franchisee of other Courier & Logistic Company ? Yes () No ()

i. Name of the Franchisor Company: _____

ii. Date of Joining: _____

iii. Your Monthly business (in Rs.) _____

f) What other business you are engaged in presently & since when ?

g) Are you registered under Shops & Establishments Act ? Yes () No ()

[Attach a copy of Registration, as applicable]

h) GST No: _____

[Attach a copy of GST Certificate]

i) Location details for which you are applying for **AKASH GANGA** Franchisee:

i. Address: _____

ii. Landmark: _____

iii. Name of adjacent areas: _____

iv. Nearest Railway station: _____

v. Nearest Airport: _____

j) Available Infrastructure:

i. Office area in Square feet: _____

ii. No. of computers in Office: _____

iii. No. of employees: _____

iv. No. of Printers and Scanners: _____

v. No. of Vehicles for service / delivery:

a) Two wheelers: _____

b) Three / Four wheelers: _____

k) Name and address of two references in your locality with contact details:

Name: _____ Contact: _____

Address: _____

Name: _____ Contact: _____

Address: _____

l) Security Deposit:

i. Deposit Amount (in Rs): _____

ii. Refundable % from Deposit: _____

3. BANK ACCOUNT DETAILS: [Attach a copy of Deposit/Cancelled Cheque]

a) Name on Account: _____

b) Account number: _____

c) IFSC Code: _____

d) Bank Name: _____

TO BE FILLED BY ACCOUNTS DEPARTMENT

1. CHEQUE/DD NO: _____ DATED: _____ PAYABLE AT: _____

2. SECURITY DEPOSIT RECEIPT NUMBER: _____

3. Date of Execution of Agreement: _____

4. Date of Commencement of business: _____

DATE:
PLACE:

ACCOUNTS MANAGER
[C.O/R.O]

AKASH GANGA COURIER LIMITED

Registered Office: Loonkaransar,
Opp. Railway Station, Dist. Bikaner, Rajasthan

Signature of Applicant: