



# Apply for

1. Parle Products

2. Parle Agro

3. Both

## Franchise Application Form

Guidelines:

- 1. Please enter all relevant details. Do not keep any details vacant/unfilled.
- 2. In case of questions with multiple options, please tick the appropriate answer.
- 3. In case you wish to provide any additional information, please attach a separate sheet.
- 4. Attach your current updated CV and business card along with this application form.

**PLEASE WRITE IN BLOCK CAPITALS**

*please paste your passport-sized photograph here*

Title (Dr/Mr/Miss/Ms)

Full Name:

Address:

Telephone / Mobile Number:

Email:

Date of Birth:

Gender: M  F  (Circle as appropriate)

Married: Y  N  (Circle as appropriate)

### SECTION I: PERSONAL FACTSHEET

Educational Qualification (beginning with the most recent):

Qualification	Year of Passing	Name of Institution

Current Occupation: (Please Tick)

a) Service

b) Business

c) Both



**To be filled in by those in service**

Name of the current employer: \_\_\_\_\_

Designation: \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

Period	Organization Name	Designation	Responsibilities

**All information provided here will be kept strictly confidential and will not be used for any other purpose To be filled in by those in business:**

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products/ Services offered	Years in Business	Number of People Employed	Turnover (Rs.)
						Last 3 Years

**Does your professional background involve any of the following? (Please tick the appropriate box)**

- |                         |                          |                             |                          |
|-------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Marketing/Sales      | <input type="checkbox"/> | 2. Health Care              | <input type="checkbox"/> |
| 3. Education/Training   | <input type="checkbox"/> | 4. Profit Center Management | <input type="checkbox"/> |
| 5. Small Business Mgmt. | <input type="checkbox"/> |                             | <input type="checkbox"/> |



Are you currently associated with any professional group/association?

Yes

No

If yes, give details: \_\_\_\_\_

**SECTION II: THE PROPOSED CENTRE**

How do you propose to set up the center?

Proprietorship

Partnership

Private Ltd.

Public Ltd.

Society

Trust

Is the Proprietorship/Partnership/Company/Already in existence?

Yes

No

If yes, what is the name of the Business/Firm/Company \_\_\_\_\_

City/Town where you propose to set up the new venture \_\_\_\_\_

located in the state of \_\_\_\_\_

when do you propose to set up the new venture?

Within next 3 months

Next 3 to 6 months

Immediately



**Do you already possess a site?**

Yes  No

**All information provided here will be kept strictly confidential and will not be used for any other purpose**  
If no, do you have a site in mind?

Yes  No

**Please give details of the site:**

Nature of Agreement* Ownership/ Rental/Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From: _____ To: _____		

**In case you do not have a site, do you plan to take on rent?**

Yes  No

If yes, within how many months? \_\_\_\_\_

**8. How much funds are you willing to invest?**

1-5 Lakh

5-10 Lakh

10-20 Lakh

20-30 Lakh



Whatefforts/initiativeswouldyouputintomakethisbusinessasuccess?

---

---

StatereasonswhyParleshouldconsideryouasabusinesspartner.

---

---

---

Date:Signature:

A large, faded version of the PARLE logo, with the word "PARLE" in white, bold, uppercase letters inside a light red, pentagonal shape with a pointed top.

\_\_\_\_\_

Allinformationprovidedherewillbekeptstrictlyconfidentialandwillnotbeusedforanyotherpurpose.