

FRANCHISE APPLICATION FORM

All information applied herein shall be reserved solely for the purpose of applying for **e-Ashwa Automotive Private Limited** Franchise. None of the applicant's personal information gathered here shall be disclosed to another party or person unless requested by law.

Name of Applicant: _____

Mr/Ms First Name Middle Initial Last Name

Proposed Franchise Location

Unit/Stall No. Building Name Street No. & Name Village City Zip Code

PERSONAL INFORMATION

Current Residential Address: _____

Home Ownership _____ Years _____ Months of stay

Owned Owned (not Living with Rented
(mortgaged) mortgaged Parents/Re relatives

Email Address: _____

Mobile: _____

Date of Birth: _____ Age: _____ Marital Status: _____ Citizenship: _____

For Single Applicants

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

ADDITIONAL REQUIREMENTS (Please submit the following requirements.)

1. Photocopy of two Valid Id's (Adhaar Card, PAN)
2. Two passport size photographs.

I hereby Certify that all the information I have placed above are true as of the time of signing this application.

Applicant's Signature