Saracen International

Franchise Application Form

Application ID: _____

Date: _____

Title

Mr.		Dr.		Ms.	

Name

-Kindly fill in the appropriate box with a ✔

-Use block letters to write your name.

-Approval of Application is subject to evaluation visit report by the Business Development team.

-Please Return the Application Form to Saracen International Group Corporate Office 77-D1, Block Johar Town, Lahore.

Address:

_____

_____ City: _____

CNIC:

Cell 1: **Cell 2:**

Proposed Location for New Campus

City: _____ Area/Location Within City: _____

Proposed Location Area Size: _____ (In Kanals)

Property Details for the Campus

Status of Proposed		Owned		Rented		To be Arranged
Operational for		March		September		
Please mention your proposed investment	PKR					
How do you plan to finance this project?	On your own		Partnership			

Signature: _____ Date: _____

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Application Status Accepted ☐ Not Accepted ☐ Wait ☐

Area/Location Suitable ☐ Not Suitable ☐

Manager Business Development Signature: _____ Date: _____

Sale Approved ☐ Not Approved ☐

_____

Project Director

Attachments:

- Location Map
- Architectural Plan
- Copy of CNIC