



Saracen International

Franchise Application Form

Title

Mr.

Dr.

Ms.

Application ID: _____

Date: _____

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

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: _____

FOR OFFICIAL USE ONLY

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