



SOLARIUM INFRASTRUCTURE & COMPANY

Franchisee Application Form

Name of applicant										
Address										
Landmark					City					
Taluka					District					
State					Pin code					
Mobile No					Email ID					
Date of Birth	D	D	M	M	Y	Y	Y	Y		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Bank Name					
Married	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	A/C No					
				IFSC Code						
Other businesses / Current Occupation										
Currently are you running any Company Yes <input type="checkbox"/> No <input type="checkbox"/>										
If yes										
A) Name of Company										
B) Type of Company										

DECLARATION

I hereby certify that the context stated above are correct and true to my knowledge and belief and here by confirm that our Organization is free from any legal/ official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for franchisee.

Date

Signature

All information provided here will be kept strictly confidential and will not be used for any other purpose

Dear franchisee, please fill in this form yourself and ensure that all information is true and complete so as to ensure that your rights and interests are protected, thank you for your co-operation.

Please fill in the above information in block letters with a black signature pen or pen

Regd. Office : House No - 663/1, Ward No.1, Gayatri Nagar, Wardha - 442001

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