

Cool-Cool

chill yourself

Franchisee Application Form

Photo
Sign

Personal Information		
First Name:	Middle Name:	Last Name:
Date of Birth		Blood Group
Fathers Name :		
Residence address :		
Contact No :	Landline :	Mobile :
Proposed Shop Address :		
Landmark :		
Contact No :		
Email :		
Educational Background :		
<input type="checkbox"/> Under Graduate :	<input type="checkbox"/> Graduate :	<input type="checkbox"/> Post Graduate :
Marital Status :	Anniversary Date :	
Spouse's Name :		
Spouse's Occupation :		
Number of Dependents :		
Business Information :		
Current Profession :		
Annual Turnover :		
Sales Tax No :		
PAN No :		
Additional Information :		
Describe the territory in witch you propose to open Cool-Cool Shop		

Do you currently own a commercial space ? if Yes, please specify Area & Add with Landmark For Cool-Cool shop.	
Will you devote your full time to the business? Yes/ No	
If yes, how many hours per /days per week?.....hrs/day.....days/week	
If no, please state how you propose to operate the business?	
Are you familiar with the market you are choosing to get into?	
Are you financially set for Running Cool-Cool Shop Yes /No :	
Do you have enough startup capital to invest? If Yes, how much?.....	
Registration Fees Structure Area <input type="checkbox"/> Sub Area <input type="checkbox"/> Prime <input type="checkbox"/> Super <input type="checkbox"/> Stock	
Application Fees	500/-
Initial franchisee Fee	10000/-
Royal Renewal charges	2000/-
Total Amount	12500/-
Franchisee Cost - Sub Area :3 Lac Prime Area : 5 Lac Super Shoppee :10Lac Stock Shoppee :25Lac	
Cash _____ Cheque/ DD- _____ No- _____	
Bank _____ Dated- _____ Receipt No. _____	
Where did you hear about about the Cool-Cool franchising?	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Magazine	<input type="checkbox"/> Website
	<input type="checkbox"/> Relatives
	<input type="checkbox"/> Other (Specify)
Best Time to Contact You :	
Preferred mode of Communication: Telephone/ Mobile/Email/Other	
Other (Specify):	
Preferred Time to contact:	
Finally, please lets know any additional information you think might be useful for us to have at hand when we contact you :	
Name	Applicant's Signature:
Place:	
In submitting this application and statement you guarantee its accuracy with the intent that it be relied upon in grating a franchise. You certify that each part of the application and financial statements here of and the information inserted herein has been carefully read and is true and correct. You further authorize us to order a consumer credit report on your behalf.	
Note- Payment is non refundable	
Office use only	
Remark -----	Authorised Signature
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Date :	Place :

website : www.coolcool.in

e-mail : info@coolcool.in

Head Office : Cool Cool Refreshments.
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