



MATERNITY · NURSING · BABY

## Franchise Enquiry Form

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Name (Dr/Mr/Mrs/Miss/Mdm): \_\_\_\_\_

Name of Company: \_\_\_\_\_ Designation: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Email: \_\_\_\_\_

Interested In:

\_\_\_\_\_ Unit Franchising \_\_\_\_\_ Area Franchising \_\_\_\_\_ Master Franchise

- Which countries/territories are you most interested in?

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- Have you or your company any experience in Related Business(s)? (Please give details.)

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- **Have you or your company had any experience in dealing with any other Franchise Business?** (Please give details.)

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I certify that the information furnished in this Franchise Enquiry & Registration is correct as of the stated date. I understand that I am receiving proprietary information from the Franchisor. I also understand the information received from any of the Franchisor's associate, partner, employee, agent or franchisee is confidential. It is agreed that this information made available to me through this Enquiry and Registration will be maintained with the highest level of confidentiality.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_