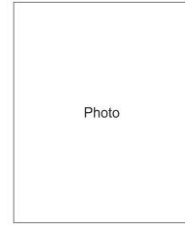
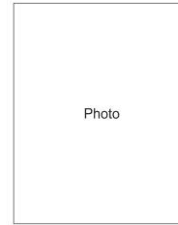




Application Form For New Franchise (Partnership)



a. Personal Information (Please use capital letters)

Name of Partner 1															
S/W/D/o															
Gender	Male	Female	Date of Birth												
Address															
CNIC No.						-								-	
Mobile No.						WhatsApp No.									

b. Personal Information (Please use capital letters)

Name of Partner 2															
S/W/D/o															
Gender	Male	Female	Date of Birth												
Address															
CNIC No.						-								-	
Mobile No.						WhatsApp No.									

c. Any other contact number.

Name	Relation
Mobile #	WhatsApp #

d. Partnership sharing

Partner 1	%
Partner 2	%

All the above information is correct in my/our knowledge. It's a joint application for RAVIAN SCHOOL SYSTEM Franchise.

Signature & Thump Impression

Partner 1

Signature & Thump Impression

Partner 2

e. Proposed Campus Details

Campus Name					
Complete Address					
House No.		Street			
Area			City		
Tehsil			District		
Land Area			No. Of Rooms		

Not:

- MOU must be signed within one month from the date of submission of this application otherwise Ravian School System has all the rights to switch the applicant.
- Please attaché copies of ID card of Partner 1 & 2

Signature & Thump Impression
Partner 1

Signature & Thump Impression
Partner 2

Date:-----

Date:-----

For Office Use Only

Application Number			Submission Date		
Approved		Not Approved		Pending	
Reason if Pending / Not Approved					

Date

Signature of Zonal Head

Stamp