



Application Form for New Poona Bakery Retail Franchise

Note: Fill the form in BLOCK LETTERS

Date of Application _____

Location of Proposed Shop _____

Applicant's Details

Name of the applicant _____

Title

First Name

Middle Name

Last Name

Date of Birth (DD/MM/YY) _____

Address of Applicant

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Pincode _____

Landline _____ Mobile _____ Email _____

Education _____

Present Occupation _____

Brief History & Business Career _____

Details of the proposed Shop

Title of the proposed shop

 Owned Rented Leased

Address of Proposed Shop

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Pincode _____

Carpet Area of the proposed shop

Length (in ft.) _____ Width (in ft.) _____

Height (in ft.) _____ Total (in sq. ft.) _____

Legal status of the proposed business

 Proprietorship Partnership Company

Name of the firm _____

FSSAI Number of the business _____

The proposed shop will be managed by

 Self Relatives Partners Professionals**Details of Nearby bakeries (including New Poona Bakery)**

S. No	Name	Location	Approx. Monthly Sales

Details of Residential Societies in the area

S. No	Name	Approx. No. of flats