

# ADITYA VOLI ENTERPRISES LIMITED

PLOT NO; 1,BALAJI GARDEN ,ARUNA NAGER 1<sup>ST</sup> STREET, SRIRANGAM ,TRICHY-620006  
Mobile No:0737322244, Email ID: ruralventureskall@gmail.com

## ORGANIC GOLD

(Business Partner and Franchising Application Form)

If a group of individuals are planning to jointly set up the Outlet please photocopy  
SECTION I: Personal Fact Sheet and fill the details of respective members.

In which City/Suburb do you plan to set up the Franchise Outlet?

\_\_\_\_\_

All future correspondence should be addressed to \_\_\_\_\_ :

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

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

\_\_\_\_\_

Pin Code \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

# ADITYA VOLI ENTERPRISES LIMITED

## Section 1 : Personal Fact Sheet

1. Name : \_\_\_\_\_  
 (1st Name) (Middle Name) (Surname)

2. DOB\* : \_\_\_\_\_

3. Address : \_\_\_\_\_

Pin \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Photograph

4. Education Qualification beginning with the most recent

Qualification	Year of Passing	Name of Institution

5. Current Occupation : Service  Business  Others

**To be filled in by those in service**

Name of current employer : \_\_\_\_\_

Designation : \_\_\_\_\_

**Previous Work Experience**

Period	Organisation Name	Designation	Responsibilities

**To be filled in by those in business**

Company Name(s)	Proprietary Partnership Private Ltd Public Ltd.	Nature of Business	Products	Years in Business	People Employed	Turnover (Rs. in lakhs) Last 3 years		
						1st	2 <sup>nd</sup>	3rd

Others : \_\_\_\_\_

6. Does your professional background involve any of the following? (Please tick)

Marketing/Sales	<input type="checkbox"/>	Man Management	<input type="checkbox"/>
Hotel Management	<input type="checkbox"/>	Profit Centre Management	<input type="checkbox"/>
Use of Computers	<input type="checkbox"/>	Small Business Administration/ Management	<input type="checkbox"/>

7. How soon can you free yourselves from present commitments to start this possible association with ORGANIC GOLD?

# ADITYA VOLI ENTERPRISES LIMITED

## Section II : The Proposed Outlet

1. How do you propose to set up the Company ? (Please tick)

Proprietorship                  Partnership                  Private Ltd                  Public Ltd

Is the Proprietorship/Partnership/Company already in existence          Yes          No

If yes What is the name of the Business/Company

1(a) IT-PAN number \_\_\_\_\_  
OR ACKNOWLEDGED COPY OF 49 (a)

2. How do you propose to raise funds for this Outlet

Own Capital (Rs. Lakhs) \_\_\_\_\_ %

Loans from financial institutions (Rs. Lakhs) \_\_\_\_\_ %

Other sources (Rs. Lakhs) \_\_\_\_\_ %

If from other sources, please specify the source and attach a note on the back ground of  
 The person (s) Institutions \_\_\_\_\_

3. Depending on plan approved for desired location approximately 100-1500Sq. Ft.  
 (Carpet area) will be required (Please Tick)

Do you already possess a site?          Yes                    No         

If no, do you have a site in mind?          Yes                    No         

If yes, fill in the details below

Nature of Agreement* Ownership / Rental / Long Term Lease	Period of Lease	Carpet Area	Location Commercial Area / Residential Area
	From : ..... To : .....		(Address)

\* Please provide copy of agreement

If no how long will it take to locate one? \_\_\_\_\_ Months

# ADITYA VOLI ENTERPRISES LIMITED

4. How will you be able to contribute in terms of personal skill and attributes to make this enterprise a success?

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### SECTION III: DETAILS OF THE OUTLET (To be filled by those who own existing Outlets)

6. IS YOUR ORGANISATION ACCREDITED/AFFILIATED TO ANY OTHER FOOD CHAIN ?

YES  NO

**(IF YES PROVIDE DETAILS)**

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# ADITYA VOLI ENTERPRISES LIMITED

1. I/We, declare that I/We do not have franchise of any other Organic foods outlet or any other restaurants either directly or indirectly or through my/our relatives and associates.
2. I/We, hereby certify that I/We shall remain the applicants and if there is any change in the composition of applicants before signing of agreement or opening of franchise Outlet. I/We hereby agree to get the new applicants as well as the new form of organization approved by ORGANIC GOLD . I/We agree to the rejection of this application if the changes are not approved by ORGANIC GOLD .
3. I/We certify that all the information in this application form and on any attachments thereto is true and accurately represents my/our current and continuing financial conditions. I/We understand that any misrepresentation in this statement may result in rejection of this application.
4. I/We hereby undertake, if selected, to start the franchise Outlet within a period of three months from the date of approval of this application failing which I/We agree to the revoking of this application and agree that the amount deposited with ORGANIC GOLD will not be refunded and that I/We shall not raise any claim against ORGANIC GOLD .

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(Name of applicant)

(Signatures)

(Date)