



Riviera Public School

Registered Office: Executive block, Shipra Rivera, Indrapuram NCR, Ghaziabad, U.P India - 201010

Phone - 0120-2606598, 9971288941 Web: www.rivierapublicschool.com

FRANCHISE APPLICATION FORM

Application No:

Date:

Personal Details			Passport Size Photograph
Title (Mr. / Mrs. / Ms.) Name	(First)	(Last)	
Nationality			
Date of Birth (yy/mm/dd)			
Place of Birth			
Qualification			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
Family Details			
Name of Father: (Last name)		(First name)	(Middle name)
Address:			Contact Telephone No. ()
Next of Kin: (Last name)		(First name)	(Middle name)
Address:			Contact Telephone No.()

Franchisee Contact Details

Current Residential Address			
Contact Details			
Prominent Landmark			
Exact period of stay at current address	(From) (DD/MM/YY)	(To) (DD/MM/YY)	
Kindly indicate a convenient time for a physical address verification			
Contact Telephone No.	Office Telephone No.	Mobile / Pager	Email Address

Franchise Site Details

Franchise Site Address			
Prominent Landmark			
Exact period of owning the site (If rented please specify)	(From) (DD/MM/YY)	(To) (DD/MM/YY)	
Kindly indicate a convenient time for a physical verification			
Contact Telephone No.	Office Telephone No.	Mobile / Pager	Email Address
Infrastructure	Built in /Open Area:	Investment:	Working Capital:

Franchisee Current Occupation Details			
Company Name:		Position:	
Office Address:		Telephone:	
Current Business Activity	Manufacturing	Trading	IT
	Education	Construction	Others (please specify)
How did you come to know about Riviera Franchise?			
Promotions Planned for Riviera Franchise in your area?	Newspapers	Banners	Posters
	Flyers	Direct Recommendations	Any Others (please specify)

I _____ (Franchisee Applicant Name) declare that the above information is correct to best of my knowledge.

Signature
(Franchisee Applicant)

FOR OFFICE USE ONLY

Franchisee Code Number:

Start Date:

Area of Operation:

Franchisee Fee Receipt No. and Date

Signature
(Office Authority)