

# Creations Franchise Network

## Membership Application Form



### 1. Personal Details:

- a. Name : \_\_\_\_\_
- b. Date of birth : \_\_\_\_\_
- c. Address : \_\_\_\_\_  
\_\_\_\_\_
- d. Contact No. Office: \_\_\_\_\_ Res: \_\_\_\_\_  
Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. Partner Details: (If applicable)

- a. Name : \_\_\_\_\_
- b. Date of birth : \_\_\_\_\_
- c. Address : \_\_\_\_\_  
\_\_\_\_\_
- d. Contact No. Office: \_\_\_\_\_ Res: \_\_\_\_\_  
Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 3. Background:

- a. Educational Qualifications : \_\_\_\_\_
- b. Experience (years): \_\_\_\_\_ IT Experience (if any): \_\_\_\_\_
- c. Current Occupation/Activities: \_\_\_\_\_  
if in Business-Brief Description of current business : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. Do you currently conduct training programs? Yes/No  
If yes, what type: \_\_\_\_\_

- e. Please mention if your institution already has any affiliations?  
\_\_\_\_\_

4. **Proposed Investment Plan:**     5 Lakhs     10 Lakhs     More

5. Any additional information that you believe would be helpful  
(Please use additional space, if required):

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Place: \_\_\_\_\_

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

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