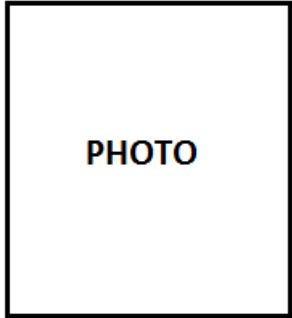


FRANCHISE APPLICATION FORM



Personal Information

- 1. Name
- 2. Location.....
- 3. Address.....
.....
- 4. Contact Number.....
- 5. Email ID.....



- 6. Current Business or Occupation
 - a. Experience.....
 - b. Industry Turnover Type (Partnership / Proprietary / Private Limited)
.....
 - c. Capability Analysis:
.....
 - d. Knowledge Base Targeted Area of Operation?
.....

Capability Analysis:

A. Knowledge Base

- 7. Targeted Area of Operation?
.....
- 8. What is the Scope of E waste recycling in the Area?
.....
- 9. What is the quantum of e-waste generated in the area targeted?
.....
- 10. Which are the prominent industries in the area targeted?
.....



11. Scope for Data Destruction Services in the area targeted?

.....

12. Scope for Lamp Recycling Services in the area targeted?

.....

13. Do you think the Industry is Scalable in the area targeted? If yes, How?

.....

14. State your strengths to scale up in this business?

.....

15. Do you have any contacts with Local Government Authorities or Municipality?

.....

16. Why do you wish to enter into this industry?

.....

B. Financial Base:

17. Will you be able to make available the required space? Yes / No

.....

18. If Yes then Owned, Rented or Leased

.....

19. Area of the space (sq. ft.): Constructed & Open

.....

20. Do you own any transport Vehicle?

.....

21. What is the maximum Investment you are willing to make?

.....



CHECKLIST	YES	NO
VAT Number		
TIN Number		
PAN Number		
CST Number		
Incorporation Certificate		
Address Proof		
Owned Space		