THE BELIEVERS
INTERNATIONAL SCHOOLS

Applicants Picture

# FRANCHISE APPLICATION FORM

## Part - 1 Basic Personal Information

Name of Applicant _____

PTCL No. _____ Mobile No. _____

E-mail _____ CNIC No. _____

Address _____

_____

| Qualification | Institution | Year of Passing |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## Part - 2 Possibility of Conversion of Existing Institute(s)

Are you currently operating any educational institute? ☐ Yes ☐ No

Name of Institute _____

City /Location _____

Level of Institute ☐ Pre-School ☐ Primary ☐ Middle ☐ High ☐ College

Medium of Institute ☐ English ☐ Urdu

Type of Campus ☐ Boys ☐ Girls ☐ Partial Co-Education

Would you like to convert your existing institute? ☐ Yes ☐ No ☐ Wait

## Part - 3 New Opening of Campus

You desire to: ☐ Establish New School

You intended to open: ☐ Single Unit ☐ Multiple Units

Would you run the Campus? ☐ Personally ☐ Partnership ☐ Delegate

## Part - 4 Proposed location for New institute opening

***City***

Preference -I _____

Preference -II _____

Preference -III _____

***Area / Location within city***

Preference -I _____

Preference -II _____

Preference -III _____

## Part - 5 Property for the institute

Status of Proposed property ☐ Owned ☐ Rented ☐ To be arranged

Type of Property ☐ Residential ☐ Commercial

Total Plot / Area of Property _____ Kanal Covered Area _____

Facilities / Utilities available in Proposed Area / Location

☐ Open Space ☐ Parking ☐ Road Access

☐ Telephone ☐ Internet ☐ Yes ☐ No

## Part - 6 Institute's in Neighborhood

School and Colleges in this locality, within about 2-3 km radius?

| Name of Schools | Colleges | Fee (if kown) |
|---|---|---|
| ● | | |
| ● | | |
| ● | | |
| ● | | |
| ● | | |

## Part - 7 Financial Commitment

Please indicate your planned investment (approox.) Rs: _____

How do you plan to finance the Franchise Project? ☐ Personally ☐ Partnership ☐ Other Sources

## Part - 8 General

When you like to start the institution? Year _____ Month _____

Anything you want to mention:

_____

_____

_____

_____

_____

Please return this Franchise Application form to:

***Project Director***

*SITARA GOLD CITY CAMPUS Lower Canal,*
*Jaranwala-Satiyana Road, Faisalabad*
*Tel: +92 41 5485480 Phone: +92 335 5485480*
*Email: info@thebelievers.pk*

Applicant's Signature: _____

Date: _____