

Dear Sir/Madam,

Thank you for your interest shown in our Franchise Scheme.

You are requested to download the Franchise Request Form and posted it to our address given below or e-mail the form, duly filled, to our e-mail id.

**For any clarifications you may contact our administrative office at the address given on this page:**

**FRANCHISE REQUEST FORM**

**Is your application for a**

**( ) Single Centre Franchise Or ( ) Multiple Centre Franchise**  
(Please tick as applicable)

**Applicant**

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

**Postal Address:** \_\_\_\_\_  
\_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Annual Income:** \_\_\_\_\_

**INFRASTRUCTURE DETAILS**

**Please Tick Whichever Is Relevant**

1) Are your premises in a Residential or Commercial Area?

**Residential / Commercial**

2) Is it owned by you?

**Yes / No**

3) The Sq. feet area within which you plan to start a Montessori/ Primary Teacher Training Centre:

( ..... ) **sft.**

4) Who will look after the Centre?

**Myself / Family Member / Administrator**

5) What income-group of people resides within 3 Kms radius from where you intend to start the centre?

**High / Middle / Lower Middle / Mixed**

6) Are you opening a **Single Franchise Centre** or **Multiple Franchise Centres**.

(.....)

7) Location/s of your Centre/s

(.....)

**GENERAL**

1. Why are you interested in setting up a Montessori / Primary Teacher Training Centre?

Please detail in a few sentences. (If needed please provide additional sheets)

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