



Corporate Office: G 126, Panampilly Nagar, Kochi - 682 036. Kerala, India
 Franchisee Enquiry: 91 484 3022237, 91 97 44 95 37 08. Email: lilicochin@gmail.com. Web: www.lilielectrolysis.com

Franchisee Enquiry Form

1. Region applied for establishing the clinic

<input type="checkbox"/> India	<input type="checkbox"/> Outside India Middle East	<input type="checkbox"/> Outside India other than Middle East
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2. Country & location applied for establishing the clinic: Country:.....Location:.....

3. a. Full Name of the person applying:.....
 b. Contact Phone Numbers: Mobile:.....Landline:.....
 c. Email ID:.....
 d. Website ID:.....
 e. Contact Address:.....
Pin (Post Code):.....
 f. Present Occupation of the person applying:.....

4. a. Name of Sponsor (in case of Middle East):
 b. Contact Phone Numbers: Mobile:.....Landline:.....
 c. Email ID:.....
 d. Website ID:.....
 e. Contact Address:.....
Pin (Post Code):.....

5. a. Do you have any experience of running a franchisee business: Yes No
 b. If 'Yes' please give details:.....

6. a. Will you be a single investor: Yes No
 b. If 'No' who are the others: a.....Relationship:.....
 b.....Relationship:.....
 c.....Relationship:.....

7. Amount that can be invested: USDollar incase of outside India:...../Rs. incase of within India.....

8. What would be the time frame for investment: 2 months 3 months 6 months

9. Do you have owned property that could be used for running the cilinic: Yes No

10. a. If 'yes' give the postal address of the property:.....
Pin (Post Code):.....
 b. What is the carpet area of the property:.....

11. How have you come to know about LiLi:

<input type="checkbox"/> LiLi Website	<input type="checkbox"/> Newspaper Ad	Name of News paper:.....
<input type="checkbox"/> Other LiLi Ad		Name:.....
<input type="checkbox"/> Franchise India Website		
<input type="checkbox"/> Magazine		Name of Magazine:.....
<input type="checkbox"/> Referral		Source:.....

Signature