

	DAL MARKETING SOLUTIONS LIMITED Regd Office: 20/1, I Floor, II Main Road, CIT Nagar, Chennai 600 035. Phone No.9360311122. CIN: U52190TN2013PLC092247 MKg Office: 23-B, 2nd Floor, Muthu Meenakshi Thirumana Mandram, Chinnakanmai St., Goripalayam, Madurai-625002. Phone:0452-4361225. Email:dalmarketingsolutions@gmail.com			Affix recent passport size photo
DAL CITY STORES FRANCHISE APPLICATION FORM (FILL IN CAPITAL LETTERS, STRIKE OUT THE DETAILS NOT APPLICABLE)				
Name	S. VINAYAGAR			
Father/Husband Name	SIVA			
Residential Address	1, MASI VEETHI			
	City/Town: MADURAI - 1			
	State : MADURAI			
House	Owned/ [√] rental/leased/single or joint ownership			
Vehicles owned	Two wheeler/ [√] Four wheeler/both/none			
Date of Birth	10 - 10 - 1973	Gender	M/F	
Qualification	B.A.			
Contact No.	9110101010			
Email	SVINAYAGAR@GMAIL.COM			
Marital status	Single/Married			
No. Of Dependants	Children	2	Adults 3	
No. Of earning persons	2			
Occupation	BUSINESS			
Monthly Income	23000			
Family Income	32000			
Investment capacity	10000, 25000, 100000, 500000 [√]			
i) At Present				
ii) After 3 months	20000, 50000, 200000, 1000000 [√]			
Business Experience if any				
Nature of Business	MARKETING			
Nature of involvement(Proprietor, Partner,Director etc.,	AGENT			
No. Of years	7			
Type of Franchise required	MASTER FRANCHISE/ [√] INDIVIDUAL FRANCHISE			
Franchise Area	VISWASAPURI, MADURAI			

Current infrastructure which can be made exclusively available for Franchise i)Whether having any premises	Yes/no
ii)If yes, nature of premises	Owned/rental/leased/single or joint ownership
iii)Whether office is ready for use	Yes/no
Facilities (Inverter,Computer,Printer,Internet facility with wifi etc.,)	COMPUTER, PRINTER
Reference Name	S. MURUGAN
Address	2, MASI VEETHI, MADURAI
Occupation	BUSINESS
Years of Relationship	10
Contact No.	9173737373
Other information if any	MARKETING IS MY STRENGTH. IF FRANCHISE OFFERED I WILL GIVE MY BEST
DECLARATION	
I apply for Franchise after having read and understood the Franchise Offer Document and declare to protect and preserve the contractual obligations of the Franchisor. Further, I declare that the details and information provided by me herein above are true to the best of my knowledge and belief. I declare that if the company on verification finds any misrepresentation of facts, company may terminate the franchisee.	
PLACE : MADURAI DATE : 18 - 8 - 2013	S. Vinayagar SIGNATURE
FOR OFFICE USE ONLY After verification, I hereby affirm that the references and the facts are true and correct. Authorised Signatory Name _____ Date: _____	FRANCHISE NO. Director Franchise Signature