



FRANCHISE APPLICATION FORM

File NO.DL131915/_____

Position Applying For: _____

Personal information

Name

First Name Last Name DD MM Y Y Y Y



Address

Street _____ City _____ State _____
Postal Code _____ Home Number _____ +91 _____ Mobile Number _____

Email Address.

Gender.

Are you over the age of 18? [] Y or [] N

Education

(1 TO 12th)

Name City And State

Other Qualification

Name City And State

Skills	Basic	Intermediate	Expert

AQBS SOLUTIONS PRIVATE LIMITED

Office. 493 First Floor Street No.5 C Block Sangam Vihar
North Delhi 110084 India Contact us. www.RaahiMotocorp.in
GSTIN. 07AAXCA6982H1ZW

Business Details

Full Legal Business Name: _____

Principal Place of Business: _____

Type Of Business: _____

Full Address of the Registered Office: _____

Date of Commencement of Business: _____ DD/MM/YYYY

Where else is Business in the City ? [] Y [] N _____

Number of Branches:

Local. _____ Other State. _____ (if available) TIN/GST NO: _____

Banking Details

Bank Name: _____

Branch Name: _____

Account Holder Name: _____

MICR Code: _____

Account Number: _____

IFSC Code: _____

Communication Details

Telephone Number: _____

Email Address: _____

Mailing Address: _____

Number of Employees:

NAME	Telephone No.	Email Add.	Mailing Add.
(1)			
(2)			
(3)			
(4)			
Etc.			

Signature.

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