



# FRANCHISE APPLICATION

Enquiry Date: \_\_\_\_\_

INFORMATION GIVEN WILL BE KEPT IN CONFIDENCE. E-mail: [info@kktpakistan.com](mailto:info@kktpakistan.com)

ATTENTION: Director Marketing

POSTAL ADDRESS: 49 E, MAULANA SHAKUT ALI ROAD, JOHAR TOWN, LAHORE PAKISTAN

### Personal Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Home Phone# \_\_\_\_\_

Business Phone# \_\_\_\_\_

Mobile Phone# \_\_\_\_\_

Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_

Name of Partners (If Any) \_\_\_\_\_

Number of Children \_\_\_\_\_

Ages \_\_\_\_\_

Please indicate the names of all individual (in addition to yourself) who will have a beneficial ownership in the sub-franchise or the entity that will own the sub-franchise in a separate attachment to your application (All individuals identified below as equity owners must also complete a Sub-Franchise Application.)

Do you plan to devote your full time to this center? \_\_\_\_\_ Will you yourself or your partner be active in this business? \_\_\_\_\_

Will this center be your primary source of income? \_\_\_\_\_. If not please inform us about your other Business. \_\_\_\_\_

Have you ever owned a business? \_\_\_\_\_

Geographic Area of Interest: \_\_\_\_\_ Province: \_\_\_\_\_

### I am: (Check all that apply)

A citizen or national of the ISLAMIC REPUBLIC OF PAKISTAN  I am Also Citizen of \_\_\_\_\_

Non-citizenship or Dual Citizenship will not be a bar to being awarded a sub franchise.

Please attach to this application a copy of at least 2 of the following documents:

- Passport photo page  Certificate of Citizenship
- CNIC Certificate/Card  Other government-issued identification (describe) \_\_\_\_\_
- Driving License

KKT PAKISTAN reserves the right to ask you to produce original/additional documents verifying your identity.

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**Recent employment history or experience owning a business**

Sr.#	Company	No. of Years	Title or Position	Salary	City, Country	Tel#	Please Provide Reference
1							
2							
3							

Have you ever owned a franchise/ sub-franchise before?  YES  NO

If "yes" please explain

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**Business Interests**

Please identify all business enterprises in which you hold a beneficial ownership interest. The term "business enterprise" include public limited company, private limited company, association of persons, partnership, business trust, sole proprietorship, or any other type of business.

Sr. #	Registered Name & Address of Business	Legal Form of Business	Nature of Business	Ownership/ Percentage of Share	Current Turnover
1					
2					
3					

Have you ever applied for or obtained credit under another name in the past ten years?

Yes  No, If "Yes" What name(s)? \_\_\_\_\_

Have you ever been convicted of a felony or other criminal involving moral turpitude?

Yes  No. If "Yes" Please state the name and address of the court and the date of conviction and provide brief description of the charges for which you were convicted:

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Have you ever filed for bankruptcy?

Yes  No If "yes", please provide discharge letter for the bankruptcy.

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Are there any cases pending against you that have not been decided?

Yes  No If "Yes," Please state the name and address of the court and provide brief description of the charges

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Are you currently involved as a defendant in any litigation or arbitration proceedings?

Yes  No If "yes," Please state the name and address of the court and provide a brief description of the allegations against you and the amount of the claim:

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Are there any contingent liabilities of any kind against you?  Yes  No

Notes or Accounts Receivable Discounted Sold, or Assigned \_\_\_\_\_ PKR \_\_\_\_\_

As Guarators For Other on Notes, Bonds, Contracts, Etc \_\_\_\_\_ PKR \_\_\_\_\_

Any Other Contingent Liabilities, Pending Lawsuits, Litigation. If any please provide details \_\_\_\_\_ PKR \_\_\_\_\_

Financial Position as at \_\_\_\_\_ 20\_\_\_\_\_

ASSETS	PKR	LIABILITIES	PKR
Cash on hand or in bank		Installment Notes & Contract	
Home		Real Estate Loans	
Stocks and Bonds		Bills Payable	
Real Estate		Other	
Autos		Liabilities PKR (B)	
Personal Property		<b>Total Assets PKR (A)</b> PKR _____ <b>Total Liabilities (B)</b> PKR _____  <b>Total Net Worth</b> PKR _____ <b>(Subtract B from A)</b>	
Retirement, Provident Fund			
Other			
Total Assets (A)			

**Authorizations and Releases**

I understand that KKT PAKISTAN and its affiliates will be requesting information from various companies, financial and other institutions, universities, credit reporting agencies, professional and academic certification law enforcement agencies, former employers, and the military, and I

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hereby authorize such entities to release any information that they may have about me to KKT PAKISTAN and its affiliates, its agents and designees, and release them from any liability arising out of or related to their release of such information.

I authorize all financial institutions holding funds or other property on my behalf or on behalf of any business entity in which I hold a beneficial interest, whether or not identified in this Sub-Franchise Application, to release all records including signature cards, statements and all documentation reflecting the source of deposited funds, whether the funds were received in the form of cash, credit, electronic fund transfer or wire transfer.

I also authorize KKT PAKISTAN, its affiliates and its agents and designees to obtain such credits and other civil and criminal investigative reports as they consider necessary to evaluate this Sub-Franchise Application, and understand that these reports may contain information about my background, mode of living, character and personal reputation. This authorization is valid for any current and future reports and updates that may be requested.

I request a copy of my credit report     I do not request a copy of my credit report

I further authorize KKT PAKISTAN its affiliates, its agents and designees to contact individuals or entities identified in this Sub- Franchise Application, or whose names arise in connection with the civil and criminal investigative reports described above for purposes of obtaining character references and verifying the information contained in this Sub-Franchise Application. I hereby authorize any individual or entity contacted by KKT PAKISTAN and its affiliates, or its agent or designees to provide all requested information and release them from any liability arising out of or related to their release of such information.

Representations

I certify that I have carefully read the Sub-Franchise Application and it is complete, true and correct in all respects. I have been advised and understand that any misrepresentation or inaccuracy in the information provided by me will be grounds for termination of any sub franchise that KKT PAKISTAN and its affiliates may grant to me based on true information in this Sub-Franchise Application. Notwithstanding this acknowledgement I understand and agree that nothing contained in this Sub-Franchise Application obligates KKT PAKISTAN and its affiliates to grant me a Sub-Franchise.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Partner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: If a company is applying the above, signatures must bear company stamp**

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## FOR DOCTORS WHO ARE APPLYING FOR A FRANCHISE

QUALIFICATION	INSTITUTION	YEAR
Graduation	_____	_____
Post Graduation	_____	_____
Degrees/Diplomas	_____	_____
	_____	_____
	_____	_____
	_____	_____
		(Please attach copy)
PMDC Registration #	_____	
Expiry date of PMDC	_____	
		(Please attach Copy)

EXPERIENCE	YEAR	INSTITUTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIVATE PRACTICE	CLINIC/HOSPITAL	PHONE # / ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Members of National Medical Societies/ Associations:

YES  NO

If  yes Please  give  number  or  reference:

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Members of International Medical Societies/ Associations:

YES  NO

If  yes Please  give  number  or  reference:

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Part of any Medical Research:

YES  NO

If  yes Please  give  number  or  reference:

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Any publication in local/International Medical Journals:

YES  NO

If yes Please give attached reference: \_\_\_\_\_