



FRANCHISE APPLICATION FORM

Please fill this application form completely with respective information and send back to us by email at mursaleen@tsf.ae or fax at +971 (06) 5571768 or 800 247

You are welcome as our valued partner and if you are evaluated as potential franchisee you will be contacted promptly by our team to discuss further on the offer.

Date: _____

1. PERSONAL INFORMATION

Name: _____

Address: _____

P. O. Box: _____ City: _____ Country: _____

Email: _____ Website: _____

Business Phone: _____ Mobile: _____

Date of Birth: _____ Nationality: _____

2. PROFESSIONAL BACKGROUND

Education: _____

Your current professional situation:

Employer

Employee

No Occupation

Company Name: _____

Business Type: _____

Main Products: _____

Year of Establishment: _____ Number of Employees: _____

3. OTHER PROFESSIONAL DETAILS

Have you ever set up your own business? Yes No

If yes, then please list: _____

Confidential



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Did you ever held a retail business? Yes No

If yes, then please list: _____

Have you held a franchise in the past? Yes No

If yes, then please list: _____

4. ADDITIONAL INFORMATION

Where you would like to open The Sleepwear Factory outlet?

Shopping Mall Name: _____

Area/City: _____

Country: _____

Why: _____

Do you intend to devote all your time to the business? Yes No

If not, then who will run the outlet: _____

5. YOUR MOTIVATIONS

Why are you interested in holding a franchise? _____

Confidential

