



Olviner
Connecting present for future

201/202/203, 2nd Floor, Dipanjali Shopping Center,
Opp. L.P. Savani School, Beside Green Plaza,
Adajan, Surat-395009, Gujarat
Contact: 0261-6556556 / 6556446
WhatsApp: 7490-830-121 / 7043-511-115
www.olviner.com business@olviner.com

Section A - Personal Information

1. Personal Details

Title	
Full Name	
Street Address	
Zip/Postal Code	
Telephone	
Mobile	
Best Time to Call	
Pan No.	
Service Tax No.	
Nationality	
Date of Birth	
Email Address	
City/Town	
Province	



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2. Business Experience

2.1 Have you had any previous experience in any industry? If yes - please describe:

2.2 Will this Franchise be owned and operated by yourself - or by a group? If a group - please describe the other investors:

2.3 Have you ever been self-employed? If yes - please describe:

Section B - Business Organization

3. Operating Company

3.1 Will you be utilising a company that currently exists to take on the franchise?

3.2 Attach an organizational chart showing any associated companies. Describe.

Agreement

I hereby declare that to the best of my knowledge and belief, the above statement and particulars are true and complete. I also authorize you to make any enquiries you consider necessary in connection with this application. I am aware that should this application be refused, no reason need be given.

I understand that any misrepresentation of factual information requested on this application form may be a cause for removal from the OLVINER CORPORATION system.



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Kindly Attach below mentioned documents

Complete Filled Form (Colour Copy Only)

1. Xerox copy of Resume / Residential Proof / I'd Proof.
2. Current Office Photograph: (Attach Indoor and outdoor photograph) (If Already running business)
3. Registration number of the business. (if applicable)
4. Rent agreement copy / Ownership of Shop Copy.

Looking Forward for Long Term business Association

Applicant's Signature

Date