PULSE ASSOCIATES PVT. LTD. – FRANCHISE APPLICATION FORM

Thank you for your interest in becoming a Pulse Associates franchise partner. Please complete this form accurately. All information will be kept confidential.

Section A: Applicant Details

1. **Full Name:** _____
2. **Date of Birth:** _____
3. **Gender:** ☐ Male ☐ Female ☐ Other
4. **Contact Number:** _____
5. **Email Address:** _____
6. **Current Address:** _____

Section B: Business & Professional Background

1. **Professional Experience (brief description):** _____
3. **Previous Business or Franchise Experience (if any):** _____

Section C: Franchise Interest

1. **Why are you interested in a Pulse Associates franchise?**

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2. **Have you worked with NGOs or in the social development sector before?**
   ☐ Yes ☐ No
   If Yes, please describe: _____
3. **Preferred Territory / City for Franchise:** _____
4. **Proposed Office Address (if known):** _____
5. **Expected Monthly Investment Capacity (including setup & operations):**

Declaration & Agreement

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that:

Applicant Name: _____

Signature: _____

Date: _____