

Cost of Form:- Rs. 100/-

DELHI CONSUMER'S COOPERATIVE WHOLESALE STORE LIMITED,
KARAMPURA ROAD, MOTI NAGAR, NEW DELHI – 110015.
Under Govt. of NCT of Delhi

S.NO.

DATED _____

Application Form for Franchise Shops of APNA BAZAR

1. Name of the applicant (in Block letters) :
2. Father's/Husband's/Mother's Name in case of Single Parent :
2. Weather the applicant is Proprietor, Partner of concern Registered Company, Coop. Society please furnish copies of proof of Registration
3. Complete Residential Address/Address for Correspondence of the Applicant including Pin Code:
Permanent: :
Temporary: :
4. Tel No. (O)_____ ® _____
Email Address (if any)
5. Location with full postal address of shop for Opening the branch of APNA BAZAR on Franchise basis.
6. Whether the shop is located in the approved area for opening of general/grocery/ration article shop (enclose proof).
7. Whether the applicant is/are in legal and physical possession of the shop.(enclose relevant documents)
8. Whether the shop is under any use at present,

if so, the status and the nature of business being carried out in the shop.

9. Whether the shop is fitted with electric/water connection
10. Details of experience of the applicant in the trade of Grocery/ration articles (enclose proof).
11. Whether the applicant has ever been convicted of any offence involving moral turpitude if so, give details.
12. PAN No.

Declaration:

I _____ S/o, W/o _____
R/o _____ states that I shall abide by all the rules governing the Apna Bazar retail outlets. Terms and conditions as laid down by Apna Bazar from time to time for such shops are acceptable to me and will be strictly followed by me/us.

SIGNATURE OF THE APPLICANT

Note:- On approval, earnest money amounting to Rs. 5000/- (refundable without interest) shall be deposited with DCCWS through Par Order/Bank Draft. In case the form has been down-loaded from Website cost of the application i.e. Rs. 100/- payable in favour of Delhi Consumer's Cooperative Wholesale Store Ltd.