



Since 1920

Moti Mahal Delux Hospitality

national
franchising
application

This application is kept confidential. Neither party is bound in any way by its submission of this application. This application must be completed in full and returned to receive further contact and information from Moti Mahal. Please type and print clearly and attach additional documents or schedules, if necessary, to provide full disclosure.

DATE: _____

BRAND INTERESTED IN

Moti Mahal ()
FINEST INDIAN CUISINE

China Wall ()
PAN ASEAN CUISINE

Dosa N Chutny ()
EAT N JOY @ SOUTH'S BEST

Darya ()
FINE CONTINENTAL CUISINE

LOOKING FOR

Fine Dine () Food Court ()

PERSONAL INFORMATION

Title: _____

Forename(s): _____

Surname: _____

PAN Number / Tax ID / Social Security Number: _____

Optional for additional information purposes but required to begin the process of the purchase and transfer of an existing location. Also note: it will be required prior to the purchase of a new franchise.

Date of Birth: _____ Marital Status: _____ No. of Dependents: _____

Spouse's Name: _____ Spouse's Occupation: _____

Country of Citizenship: _____ Place of Permanent Residency: _____

Postal Address: _____

Physical Address: _____

Telephone Numbers

(Business): _____ (Mobile): _____
(area code/country & city code) (area code/country & city code)

Home: _____ (Fax): _____
(area code/country & city code) (area code/country & city code)

May we contact you at work? Yes() No()

E-mail Address: _____

Have you ever been convicted of a criminal offence or have any criminal charge pending or being appealed, or are you under indictment? Yes () No (), please state Details: _____

In which Geographical areas would you most like to operate in?

1st choice: _____

2nd choice: _____

3rd choice: _____

Would you be prepared to relocate? _____

PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of this _____ day of _____ 20____

ASSETS

Cash on hand and unrestricted in the bank _____ INR _____
 Vested profit sharing/pension _____ INR _____
 Listed stocks/bonds/debentures _____ INR _____
 Notes/accounts/mortgage receivable _____ INR _____
 Real estate _____ INR _____
 Other assets _____ INR _____
Total Assets _____ INR _____

LIABILITIES

Accounts/credit cards payable _____ INR _____
 Notes/loans payable to banks, unsecured _____ INR _____
 Notes/loans payable to banks, secured _____ INR _____
 Notes payable to others, secured and unsecured _____ INR _____
 Mortgages payable on real estate _____ INR _____
 Taxes and assessments payable _____ INR _____
 Other liabilities _____ INR _____
Total Liabilities _____ INR _____

NET WORTH

Net Worth (Total Assets – Total Liabilities) _____ INR _____

SOURCE OF INCOME

Salary _____ INR _____
 Bonus _____ INR _____
 Dividends/interest _____ INR _____
 Real Estate income _____ INR _____
 Business profits _____ INR _____
 Spousal income _____ INR _____
Total Income _____ INR _____

How will you finance this business venture? Cash INR _____ Loan INR _____

What is the source of this capital? _____

BANKING INFORMATION

Bank name	Location	Account Number/Type	How Long?
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Bank name	Location	Account Number/Type	How Long?
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REFERENCES

Please give details of two business referees.

No contact will be made until your application is accepted by the company.

1 _____ ()

Name	Address	Occupation	Telephone
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2 _____ ()

Name	Address	Occupation	Telephone
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PARTNERS

All partners should fill out a separate application

Will you have partner/member/shareholder(s)? () Yes () No. If not, you may skip this section.

Otherwise please complete all relevant sections below.

_____ () Active _____ () Male

Title	Forename(s)	Surname	() Silent	%Ownership	() Female
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_____ () Active _____ () Male

Title	Forename(s)	Surname	() Silent	%Ownership	() Female
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_____ () Active _____ () Male

Title	Forename(s)	Surname	() Silent	%Ownership	() Female
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_____ () Active _____ () Male

Title	Forename(s)	Surname	() Silent	%Ownership	() Female
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To include a partner's financial information, ensure they complete a separate application for additional information

BUSINESS INTEREST

How did you become interested in MOTI MAHAL Franchise and why?

Who will be responsible for the day-to-day operations? _____

If qualified, when will you invest in a Franchise?

Now (___) Within 6 month (___) 6month to 1 year (___) Over 1 year (___)

How involved will you be in operating the restaurant?

Not involved at all (___) Somewhat involved (___) Completely involved (___)

Have you ever owned or had an interest in any operation within the food service industry?

Yes (___) No (___) If yes, please give details: _____

Do you own a franchise of any other company?

Yes (___) No (___) If yes, please give details: _____

Kindly give your business proposal in detail: _____

MEDICAL HISTORY

Please give details below of any illnesses, operations or accidents, giving dates.

Date	Details

The facts set forth by me in this application are true to the best of my knowledge and belief. I will inform you in writing of any material changes to them. I authorise Moti Mahal to carry out such checks and investigations relating to me as you deem appropriate. I understand that misrepresentation or omission of factual information requested on this franchise application may be a cause for removal from the Moti Mahal system. The data given in this form may be used by Moti Mahal to evaluate the applicant's suitability to become a Moti Mahal franchisee, for research or statistical purposes that are complementary or ancillary thereto.

The information submitted on this form will be treated by Moti Mahal as strictly private and confidential. Moti Mahal welcomes applications from all sectors of the community regardless of gender, marital status, disability, ethnic origin, race, colour, nationality, religion and belief.

TERMS & CONDITIONS

Moti Mahal in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that Moti Mahal has the sole right to approve or disapprove the application for any reason it may determine, and in the event that Moti Mahal disapproves the application, Moti Mahal shall have no liability or ongoing obligations to me. I certify that the information contained in this application is accurate and complete. Moti Mahal is authorized to investigate my background as it pertains to my qualifications. I further authorize Moti Mahal to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my suitability as a potential Moti Mahal franchisee.

Signature _____ Date _____

Please send your completed application form to:

Franchising Department, Moti Mahal Delux Hospitality

1, Ishwar Nagar East, 3rd Floor, New Delhi-110065

M : +91 9811000858, +91 9811006680 Telefax : 011-26443396

email: franchise@motimahaldelux.com, Website : www.motimahaldelux.com