



العبدالكريم
AL ABDUL KARIM

Franchise Application Form

BRAND INTEREST:
(Please indicate with ✓)

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Applicants Name.....
Date.....

Thank you for considering M.A. AL ABDUL KARIM & CO.
This form will help you prepare and present your personal and business information which is essential for our consideration in granting the franchise. Please complete it thoroughly and note that the completion of this application form places no continuing obligation on either you and or M.A. AL ABDUL KARIM & CO.

Personal information:

Full Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ (Mobile) _____ (Home) _____ (Office)

Email Address: _____ Sex: Male / Female

Nationality: _____ Marital Status: _____

Academic Qualifications (Attach Resume if you wish):

Highest Education Level: _____ Name of Institution: _____

Details of Qualifications: _____

Employment/Business History

Current Employer or Business Owned: _____ Position: _____

Business Address: _____

Describe Duties/Responsibilities: _____

1. Previous Employer or Other Business Owned: _____

Address: _____

Last Position Held: _____ Date Joined: _____ Date Left: _____

Duties: _____

2. Previous Employer or Other Business Owned: _____

Address: _____

Last Position Held: _____ Date Joined: _____ Date Left: _____

Duties: _____

Applicant profile

Nature of Franchisee:

(Please indicate with ✓)

Individual

A Partnership

A Corporation

For A Corporate:

Company name		
Type of company	Year of establishment	Number of shareholder/ partners
Name of shareholders		
Business activity		
No of employees		
Capital		
Please provide all contact details for the company and the director (s), including emails, phone numbers, website, and address.		

For A Partnership:

Details of Partners/ Name	Address	Contact Number

Business Information:

Which country/city are you interested in running AK brands Franchise? _____

Are you seeking a: Master Franchise Area Franchise Single-Unit Franchise

How familiar are you with franchise concept? Very Fairly Little Not at all

Will you be able to issue a Bank Guarantee (LG)? Yes No

Will you devote significant time and effort to the franchise? Yes No

If not, how do you propose to operate the franchise?

Do you have experience in the Retail / Fashion industry? Yes No

If so, what and how many years: _____

Do you have a proposed location: Yes No

If YES, describe location below:

what motives you for AK brands Franchise?

Why do you think you will be an ideal franchisee?

Summarize your 3-5 year business plan should you receive AK brands franchise:

Declaration

I understand that if this application for a Franchise is accepted, I will be required to sign a comprehensive Franchise Agreement regulating all aspects of my franchise relationship, I also hereby declare that the information given in this application is correct. The completion and submission of this application does not guarantee that the applicant will be accepted as a franchisee and granted the franchise applied for.

(Applicant's Signature)

(Date)

Send your completed form to: franchising@ak.com.sa

Many Thanks

The Franchise Department