



AL RAZI HEALTHCARE

A PROJECT OF DHABI GROUP

Application Form For Application as a Franchise

This application form is for completion by applicants for Al Razi Healthcare Private Limited (ARHC) franchise.

If the franchise rights are to be observed by an existing company or a company to be formed for this purpose (hereinafter referred to as "operating company"), these details should be provided in the appropriate places.

The submission of this application does not constitute an obligation either for ARHC or for the applicant to continue with the application procedure.

Please provide all the information requested and if necessary, use additional pages/appendices, which should then be enclosed with the application form. We are happy to answer your questions or provide support at any time.

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EDUCATION

Qualification	Institute	Year of Passing

PART III- DESCRIPTION OF THE BUSINESS ACTIVITY

Details regarding the applicant/operating company

Surname, First Name, (Proposed) Company Name		
Street, House Number	Telephone Private	Telephone Business
Post Code, Town, Country	Telefax Private	Telefax Business

Proposed legal form

- Sole Proprietorship
- Partnership
- Public / Private Limited company
- Consultancy
- Other:.....

If an operating company already exists, then please enclose a copy of the memorandum of association with the application form and if registration has already taken place, an up-to-date extract from the commercial register of the operating company.

Name of the director and manager of the operating company or of the operator himself and previous commercial experience:

Name	Position And Number Of Subordinates	Commercial Experience

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FRANCHISE TERMS AND CONDITIONS:

Criteria for selection:

The Applicant:

- The potential franchisee should be financially stable and should carry a good reputation within the banking and business circles.
- Must be financially sound as franchisee will have to invest on the outlet as per AL RAZI HEALTHCARE specification, have to maintain a specified Image, manage a quality team, following AL RAZI HEALTHCARE specific protocols and guidelines.
- Preferably experienced in running a Healthcare related franchise operation/ Doctor.
- Doctors, Pharmacist and Healthcare professional's persons would be preferred.
- Prior experience in service would be preferred.
- He / She should not be a defaulter within the banking or business community.
- He / she should not have a previous criminal record

Office Location

- Prime location on the front side of main road.
- Ground floor.
- Spacious parking.
- Minimum area required. (400 sft)

Security deposits

Security Deposit Refundable

Rs. 500,000

Documentation

- Application on letterhead
- Bank certificate
- Application Processing Fee (Rs.5,000/-) Pay order \ DD (Demand draft) for Lahore applicants
- Financial statements
- Company registration
- Three recent photographs
- Completely filled application form
- National Tax No. Certificate copy
- ID card copy

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Please Note

- Application processing fee is non-refundable
- Cross-cheques are not acceptable
- You can apply for only one location on each Application Form
- Ownership of Franchise will be non-transferable.
- Please mark the name of the area applied for on the right-hand corner of the envelope
- AL RAZI HEALTHCARE employees in service are not eligible to apply for Franchise of AL RAZI HEALTHCARE franchise.
- AL RAZI HEALTHCARE reserves the right to reject any or all applications without assigning any reason & its decision cannot be challenged in any court of law.
- Please keep a copy of the completed franchise agreement for your records.
- All applications should be addressed, AL RAZI HEALTHCARE, Near gate # 15, National Hockey Stadium, Gulberg, Lahore