



Shaukat Khanum  
Laboratory Collection Centres

## FRANCHISE APPLICATION FORM

PICTURE

DATE: \_\_\_\_\_

\*NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ \*MOB: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\*EDUCATION: \_\_\_\_\_ \*PROFESSION: \_\_\_\_\_

CURRENT WORK PLACE: \_\_\_\_\_

GENERAL BUSINESS/WORK EXPERIENCE:

\*LOCATION APPLIED FOR: \_\_\_\_\_

FEASIBILITY OF SITE:

MEDICAL ACTIVITY IN THE AREA:

ARE YOU AN EXISTING FRANCHISEE OF SKM? **YES/NO** DOES ANY OF YOUR RELATIVES HAVE SKM FRANCHISE? **YES/NO**

ARE YOU RUNNING SOME OTHER FRANCHISE BUSINESS? **YES/NO**

Are you/or have you been in an existing contract with SKM other than Franchisee contract? **YES/NO**

IF YES, KINDLY GIVE DETAILS: \_\_\_\_\_

\* ATTACH A COPY OF CNIC

\*ATTACH A COPY OF LAST SIX MONTHS' BANK STATEMENT