



## CMA STATE / DISTRICT MASTER FRANCHISEE APPLICATION

*Complete the entire application by providing necessary information on the spaces provided or tick (✓) on the concerned boxes. Enter N/A for the items which is not applicable to you. Attach additional pages if necessary. This is not an offer of franchise or agreement or contract of any type.*

1. Applicant is  An individual  A partnership firm  
 A public / Private Ltd. Company  A Trust

2. Contact details

a. Communication Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Permanent or Registered address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Phone : (Res.) \_\_\_\_\_ (Off.) \_\_\_\_\_ Mobile \_\_\_\_\_  
 Fax : \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

3. A. **In case of an Individual**

i. Name : \_\_\_\_\_ ID/ Passport No. : \_\_\_\_\_

ii. Age & Date of birth : \_\_\_\_\_ Citizenship : \_\_\_\_\_

iii. Profession: \_\_\_\_\_ Employed / Business / Retired \_\_\_\_\_

iv. If employed or retired give history of last 3 assignments

	Firm	Years in Service			
		As teacher	As clerical / Admn.	In middle management	In top management
1.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

v. If in business, give details

Nature of business : \_\_\_\_\_ Year established \_\_\_\_\_

Type of organization : Pvt. Ltd.  Partnership  Proprietor

Position held in the business \_\_\_\_\_ Investment \_\_\_\_\_

% of shareholding \_\_\_\_\_ Place of operation \_\_\_\_\_

- vi. Your role in the proposed CMA Master Franchise:  
Investor  Principal  Both
- vii. Are you able to manage the proposed CMA Master Franchise by yourself ? If not, give the details of the person who is going to manage it
- Name : \_\_\_\_\_
  - Age and Date of birth : \_\_\_\_\_
  - Give details if he/she has experience in education field : \_\_\_\_\_  
\_\_\_\_\_
  - Give details if he/she has experience in business field : \_\_\_\_\_  
\_\_\_\_\_
  - Highest educational qualification : \_\_\_\_\_
- viii. If you have plan to form a new partnership, for the proposed CMA Master Franchise, how much % stake you think you can hold ? \_\_\_\_\_
- ix. Details of Spouse  
Name : \_\_\_\_\_ Profession : \_\_\_\_\_  
Age : \_\_\_\_\_ Highest Education : \_\_\_\_\_  
If employed or in business, give details : \_\_\_\_\_  
\_\_\_\_\_
- x. No of Children : Male \_\_\_\_\_ Female \_\_\_\_\_
- xi. Are you interested to become a CMA teacher if qualified ? Yes  No.
- xii. Language proficiency
- |                         | Read                 | Write                |
|-------------------------|----------------------|----------------------|
| a. _____(Mother tongue) | <input type="text"/> | <input type="text"/> |
| b. _____                | <input type="text"/> | <input type="text"/> |
| c. _____                | <input type="text"/> | <input type="text"/> |
- xiii. Social background
- Have you ever been a member of any social or community groups or clubs in your area ?  
Yes  No   
If YES, give details \_\_\_\_\_
  - Have you ever served as an elected member of a governing board of any Govt / Quasi Govt /Co-operative Administrative body?  
Yes  No   
If YES, give details \_\_\_\_\_
  - Have you ever received any awards or recognition from any authorities?  
Yes  No   
If YES, give details \_\_\_\_\_

d. Have you ever been arrested or been convicted of a crime? Is there any law suit pending against you? Yes  No

If YES, give details

e. Who will be your successor in CMA Master Franchise business and your relationship with him/her? \_\_\_\_\_

**B. In case of a Private / Public Limited Company**

i. Name of company : \_\_\_\_\_ Company Reg. No.: \_\_\_\_\_

ii. Authorized capital : \_\_\_\_\_ Paidup capital : \_\_\_\_\_ No of employees : \_\_\_\_\_

iii. Directors and shareholders details

	Name of Director	Director's responsibilities	Name of major share holders
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

iv. Main activities of the company : \_\_\_\_\_

v. Director/officer in charge for liaising with CMA : \_\_\_\_\_

*Note: If shortlisted, Company need to submit the following for final approval*

- a. Copy of certificate of incorporation
- b. Copy of MOA + AOA
- c. Resolution of shareholders and Board of directors to authorize one of the Director to sign all documents
- d. Personal Guaranty of all Directors on such classes of Master Franchisee Agreement
- e. Copy of audited report for the past 3 financial years

**C. In case of a Partnership**

i. Business name : \_\_\_\_\_ Year Estd. \_\_\_\_\_

ii. Partnership details

	Name of partner	% of share holding
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

iii. Nature of business : \_\_\_\_\_ Investment : \_\_\_\_\_

iv. Name of the person authorised to deal with CMA : \_\_\_\_\_

*Please attach a copy of the Partnership deed along with this. (Each Partner need to provide separate Personal Guaranty on such classes of Master Franchisee Agreement upon approval)*

**D. In case of a Trust**

- i. Name of Trust : \_\_\_\_\_ Year Estd. \_\_\_\_\_
- ii. Name of first Trusty : \_\_\_\_\_
- iii. Business details : \_\_\_\_\_
- iv. Name of the person authorised to deal with CMA : \_\_\_\_\_

*Please attach a copy of the Trust deed along with this. (Each Trusty need to provide separate Personal Guaranty on such classes of MasterFranchisee Agreement upon approval)*

**F. General**

1. Have you own a building or premise suitable to operate CMA Master Franchisee?

Yes  No

If YES, give details of area, facilities and location: \_\_\_\_\_

\_\_\_\_\_

If NO, are you able to rent a suitable place within 30 days of confirmation ? Yes  No

2. Which State / District you intend to get CMA Master Franchisee license? \_\_\_\_\_

\_\_\_\_\_

3. Justification to select the above State / District such as its potential, presence of educational institutions, your influence or experience in the state, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If your preferred territory is not available for CMA Master Franchisee license, do you have other options?

Yes  No

If YES, give details

	State / District	Justification to opt for this territory
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Certification and waivers :**

I certify that the information I have provided on this application is complete and correct. I understand that false or misleading statements on this form are ground for terminating the application process, and/or ground for terminating my franchisee, should I be granted one.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Appl. recd. Date: \_\_\_\_\_ Appl verified by: \_\_\_\_\_

BDD Grade on applicant: \_\_\_\_\_ BDD Grade on location: \_\_\_\_\_

Decision on allotment : Accept / Reject / On hold \_\_\_\_\_

Major reason for the decision: \_\_\_\_\_

If Rejected, file closing date : \_\_\_\_\_ Communication ref. and date : \_\_\_\_\_

Date of Ist Meeting: \_\_\_\_\_ Date of MOU Signed : \_\_\_\_\_

Deposit amount : \_\_\_\_\_ Date of Deposit Payment : \_\_\_\_\_

Date of signing Agreement : \_\_\_\_\_ Date of balance payment : \_\_\_\_\_

Balance amount to pay : \_\_\_\_\_ Proposed Center launch date : \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_