

MEMBERSHIP



To apply for membership please complete all questions.

Applicants / Account Holder's Name :

Branch Office

SL. No:

Date :

FRANCHISE STORE

☐

COMPANY STORE

☐

Full Name :

E-Mail :

Address :

Best Time To Call : ☐ Morning ☐ Afternoon ☐ Evenings ☐ Weekend

Father Name :

Mother Name :

Gender : ☐ Male ☐ Female

Date Of Birth :

Emergency Contact :

Fisrt Name :

Last Name :

Postcode

Phone Numbers

EMPLOYMENT HISTORY

1. Position

2. Company

3. Date of Employment

MEMBERSHIP



4. Reason for Leaving

5. Designation

6. Company

BUSINESS OWNERSHIP EXPERIENCE (if applicable)

1. Treading Name

2. Nature of: Business

3. Years of Trade

4. Is the Business still Operating?

REFERENCE NO 1.

Company Name

Contact Person

Phone Number

REFERENCE NO 2.

Company Name

Contact Person

Phone Number



OTHER BACKGROUND INFORMATION

Have you or any applicable partners, officers, directors, or shareholders with your business affiliations ever:

Had any administrative, criminal or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversation, restraint of trade, unfair or deceptive practices, and misappropriation of property or comparable allegation? Please note that FISHWAVE reserves the right to request a copy of your criminal record from the relevant State Police Authority.

YES

NO

Been convicted of a felony or pleaded “no contest” to a felony charge or been held liable in a civil action by a final judgement or been the subject of a material or other legal proceeding such as a felony, civil action complaint, misappropriation of Property or comparable allegation?

YES

NO

Been adjudged bankrupt or recognised due to insolvency?

YES

NO

If you answered “Yes” to any of the questions above, please explain:

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MEMBERSHIP



GENERAL INQUIRY

Are you prepare to comply with the procedures and: controls set by the COMPANY?

YES

NO

Why do you think you will be successful?

Are your intentions to work full time in the Business?

YES

NO

Are you aware certain information provided and/ or advised to you is confidential and shall not be divulged to any third person unless the company gives approval?

YES

NO

Urban Kachoriwala Business Group

MEMBERSHIP



FINANCE INFORMATION (MONTHLY)

	INCOME
Salary 1	
Salary 2	
Shares	
Investment	
Others	
Total	

FINANCE INFORMATION (MONTHLY)

	EXPENSES
Mortgage 1	
Mortgage 2	
Car Loan 1	
Car Loan 2	
Credit card 1	
Credit card 2	
General living expenses	
Others	
Total	

MEMBERSHIP



HOW ARE YOU FUNDING THIS OPPORTUNITY?

	MONTHLY REPAYMENT
Cash	
Home Equity	
Business Loan	
Others	
Total	



:

:

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Branch Office

SL. No:

Date :

APPLICANT 2

Full Name :

E-Mail :

Address :

Best Time To Call : ☐ Morning ☐ Afternoon ☐ Evenings ☐ Weekend

Father Name :

Mother Name :

Gender : ☐ Male ☐ Female

Date Of Birth :

Emergency Contact :

Fisrt Name :

Last Name :

Postcode

Phone Numbers

EMPLOYMENT HISTORY

1. Position

2. Company

3. Date of Employment

MEMBERSHIP



4. Reason for Leaving

5. Designation

6. Company

BUSINESS OWNERSHIP EXPERIENCE (if applicable)

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Company Name

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Phone Number

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Business Loan	
Others	
Total	

☐

I agree to terms & conditions.*

DATE OF SIGNING

APPLICANT 1 SIGNATURE

sign here

APPLICANT 2 SIGNATURE

sign here