

FRANCHISE PARTNER APPLICATION

First Name: _____ Last Name: _____
 Gender: Male Female
 Contact Number: _____ E-mail: _____
 Country: _____ City: _____ P.O.Box: _____

Location of opening the franchise of Takiwall
 Country: _____ City: _____ P.O.Box: _____

How did you hear about Takiwall?
 Internet search I am an existing client Other

Are you currently a business owner? YES NO
 Name of the company: _____ Website: _____
 Business industry: _____
 Number of employees: _____ Years of functioning: _____
 Country: _____ City: _____ P.O.Box: _____

Do you have any experience in online sale? YES NO
 Please specify: _____

Are you planning on opening the franchise of Takiwall as?
 Online business YES NO
 Office YES NO
 (If so how many employees do you plan to hire): _____
 Within a Mall YES NO
 (Location details): _____

Which market do you plan to target?
 Retailers Individual customers Distributors

How many Takiwall designs do you estimate to sell monthly?
 100-150 150-300 300-500 500-more

Do you plan to establish Takiwall business as?
 Individual S.A L.T.D L.L.C Other

Will you operate?
 Alone YES NO

With a partner (specify) _____

Do you plan to operate Takiwall franchise as?
 Producer YES NO
 Distributor YES 500-1000 1000-2000 2000-more

Do you currently have a space of 50 square meters ready to run the operations of Takiwall YES NO

Complete the application and send it to: franchise@takiwall.com