

wwaves Franchise Application Form

Thank you for your interest in becoming a part of the Waves Family. Information you provide helps the Waves team to evaluate your candidacy. We encourage you to share any relevant information and include anything that you feel will make your candidacy stand out as a potential franchisee.

Name : _____
 Address : _____
 Gender : _____
 Marital Status : _____
 NIC Number : _____
 Date of Birth : _____
 Tel : _____ Mob : _____ Email : _____
 Education Information : _____

Occupational Information : Working YES NO Position : _____

Briefly describe any relevant business experience you may have : (Please Select)

None
 Ownership Managerial
 Restaurant
 Retail shop
 Other : _____

Location Interested/Desired Business Location : (Please Select)

Kandy
 Kurunagala
 Matara
 Gampaha
 Negombo
 Other : _____

Place you prefer to open the shop (Details of the location) : _____

Liquid Capital Available to Invest : LKR _____

Time Frame on Starting Business : Immediate Months

How did you become interested in a Waves Franchise? : _____

What are your expectations by owning a Waves franchise? : _____

What annual income after expenses do you hope to generate from your business? : LKR _____

How much time you plan to spend at your franchise? (Please Select)

Full Time
 Part Time
 No of hours per week

Why do you think you would succeed as a Waves Franchisee? : _____

Describe your hobbies, interests, community and public service involvement?
 : _____

Signature : _____

Date : _____