



JOIN US INTO YOUR
JOURNEY OF SUCCESS

FRANCHISE APPLICATION

PERSONAL

APPLICANT DETAILS

First Name	Middle Name	Surname
CNIC	Nationality	Citizenship
Date of Birth	Place of Birth	Gender
Correspondence Address		Religion
City	Province	Country
Residential Address		Postcode
City	Province	Country
		Postcode

FAMILY INFO

Name	Relationship	Age	Education	Profession

CONTACT

Home .	Work	Mobile	Email
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DRIVING LICENSE

Number	Category	Issue	Expiry
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EDUCATION

Qualification / Degree	School / College / University	Passing Year	Location



PROFESSIONAL CERTIFICATIONS

Certification	Institution	Award Year	Location

WORK EXPERIENCE

EMPLOYMENT HISTORY

Designation	Organization	Year From To	Location

SELF-EMPLOYMENT

Business Name	Products / Services	Employees	Yearly Revenue	Location	Your Role

RETAIL FUEL STATION (If yes, please provide details.)

Do you have work or business experience in retail fuel station?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have work or business experience in any other retailing business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have work or business experience in oil and gas industry? ☐ Yes ☐ No

Do you have any other work experience that you want to mention here? ☐ Yes ☐ No

KEYWORK AREAS (If others, please provide details.)

Do you have work or business experience in following areas?

- | | |
|------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Cash Management | <input type="checkbox"/> Inventory Management |
| <input type="checkbox"/> Retailing | <input type="checkbox"/> Staff Recruitment and Management |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Financial Statements |
| <input type="checkbox"/> Health, Safety, Environment | <input type="checkbox"/> Franchise Management |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Others | |
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FINANCIALS

INCOME

What are your income aspirations?

First Year

Second Year

Third Year

How will you fund working capital (Rs.)?

What is total value of your investment in the station business?

What will be your capacity to arrange funds?

NET WORTH

Assets	Liabilities
Cash in Bank	Loans
Other Assets	Other Liabilities
Land	
Accounts Receivable	Accounts Payable
Total Assets	Total Liabilities
Total Net Worth	

BANK ACCOUNT

Bank	Account Type	Location

OWNERSHIP

Will you run station as sole proprietor?

Do you plan to have partners?

Name	Gender	Relationship	Share
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NTN	STRN
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STATION

OPERATION

What is your objective and motivation for this business?

What are key capabilities that you have to build and run station?



How many hours will you spend daily at station?

How many hours will you spend at forecourt of station?

Who will manage station when you are not available?

How will you keep competitive salary for staff?

How will you motivate staff other than competitive salary?

What training do you need to run the station properly?

Will you involve your family members in the business? What will be their roles?

What initiatives will you take to make customer happy?

What are your non-fuel retail requirements or interests for mart, restaurant, car care, etc.?

How shall you manage non-fuel retail (mart, restaurant, car care, etc.)?



How will you ensure Health, Safety and Environment at station?

Do you have stations with other companies?

Station Name	Company	Location	Daily Total Sales (Ltrs.)
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STATION

Building of New Station	Re-branding of Existing Station
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Location / Tehsil	District / Province
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Total Area of the Station	Front and Depth
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What will be the expected monthly sales of key products?

Diesel	Liters per month
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Petrol	Liters per month
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CNG	Kilograms per month
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Hi-Octane	Liters per month
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Lubricants	Liters per month
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What will be the expected monthly sales of non-fuel retail?

Mart	(In Rupees)
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Restaurant	(In Rupees)
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Tyre Shop	(In Rupees)
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Oil Change	(In Rupees)
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Car Wash	(In Rupees)
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Where did you find about this station opportunity?

☐ Advertisement ☐ Other Franchisees ☐ Company's Employees ☐ Others



REFERENCES

REFERENCE ONE

Name

Relationship

Contact

Email

Address

REFERENCE TWO

Name

Relationship

Contact

Email

Address

REFERENCE THREE

Name

Relationship

Contact

Email

Address

Have any of your given three references experience of job or business in oil and gas industry?

(If yes, please provide details.)

☐ Yes

☐ No

DOCUMENTS REQUIRED

3 Photographs +3 Copies of Valid CNIC

NTN Certificate

Business Registration Documents

Power of Attorney



DECLARATION

DECLARATION

I have answered the questions and provided the information in this form to the best of my knowledge and belief, and that as far as I am aware the answers and information are true and correct in all respects and that no relevant details have been omitted. I acknowledge that if any information included in this request for consideration is false or misleading in any way, the Franchisor shall have the right to terminate any Franchise Agreement entered into on the basis of the information contained in this Application. I also acknowledge that if any information I supply in the future for consideration as part of ECHO OIL PVT LTD franchisee process is false or misleading in any way, the Franchisor shall have the right to terminate any Franchise Agreement entered into on the basis of the information contained in this Application. I will make every conceivable effort to ensure all information supplied by me at the time of supply be true and correct to the best of my knowledge.

I also acknowledge and agree that the Franchisor

Is collecting the information contained in this Application to assess whether we should be considered as a potential Franchisee;

Is relying upon the information contained in this Application as a material factor in considering this Application;

Is authorised to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;

May provide the information contained in this Application to its advisers, including its accountants, lawyers and consultants; and

May retain copies of this Application for its records, whether or not this Application is successful.

Confidentiality

I also acknowledge and agree that the process for making an enquiry about this Franchise will require the Franchisor to disclose certain commercially valuable and sensitive information to me and that upon receipt of such confidential information I agree to keep such information confidential and may only disclose such information to my Solicitor and Accountant in relation to advising on the purchase of this Franchise or to any 3rd party that has entered into a confidentiality agreement with the Franchisor.

I acknowledge that any breach of this confidentiality may cause financial and commercial harm to the Franchisor and I hereby indemnify and hold harmless the Franchisor for any such damage it incurs by virtue of me or my advisors or agents breaching this agreement. Any reference to "I" in this Declaration may be read as "we" for a multiple Applicant and any reference to "me" may be read as "us" for a multiple Applicant.

I understand by signing this I am confirming that I agree to the terms and conditions of the declaration and confidentiality agreement as listed above.

Name

CNIC

Signature