

FRANCHISEE EVALUTATION PROFORMA

Thank you for your interest in becoming a part of the MIRARI family. The information you provide helps us to evaluate your candidacy. It is not binding on either party and all the information will be treated confidentially and shall not be shared or used for any other purpose. Please freely share any relevant information and include anything that you feel will make your candidacy stand out as a potential business partner.

| General Information: | | |
|--|---|--|
| Name: | | |
| Email: | | |
| Address: | | |
| Phone (Work) | | |
| Phone (Home) | | |
| Phone (Cell) | | |
| Date of Birth: | | |
| CNIC Number: | | |
| Highest Degree or Diploma Received: | | |
| Name of Institution: | | |
| Current or Last Employer: | | |
| Position: | | |
| Tenure Start: | Tenure End: | |
| What is the approximate amount of your total net worth? Net worth =Total Assets - Total Liabilities | Less than Rs. 10,000,000 Rs. 10,000,000 to 20,000,000 Rs. 20,000,000 to 40,000,000 Rs. 40,000,000 to 50,000,000 Rs. 50,000,000 to 100,000,000 | |

| What is the approximate amount of your liquid assets? | Less than Rs. 10,000,000 Rs. 10,000,000 to 20,000,000 Rs. 20,000,000 to 40,000,000 Rs. 40,000,000 to 50,000,000 Rs. 50,000,000 to 100,000,000 |
|---|---|
| | Other: |
| Description & Amount of the total liquid cap under consideration: | oital, which is readily available for use in the business |
| | |
| | |
| | |
| | |
| Briefly describe any relevant business expe | erience vou may have |
| None | |
| Owner of Business | |
| Job | |
| Other | |
| Please attach a copy of your resume | |
| Will other investors/associates join you in this venture? | Yes No |
| | |

If you checked 'Yes', please have each fill out one of these forms.

| Investor 1 |
|-------------|
| Name |
| Address |
| |
| |
| % Ownership |
| % Time |
| Investor 2 |
| Name |
| Address |
| |
| |
| % Ownership |
| % Time |
| Investor 3 |
| Name |
| Address |
| |
| |
| % Ownership |
| % Time |
| |
| |

CORPORATE INFORMATION

| Are you applying a part of commercial organization | Yes No |
|--|-----------|
| Company | |

Website

Address

INTEREST AND COMMITMENT

| Why did you become interested in a MIRARI FURNITURE Franchise? | | |
|---|--|--|
| Briefly describe you experience, skills, training sphere of business: | յ, flair or any other potential in a similar or relevant | |
| | | |
| What is your location preference for this franch | nise? (Specific Area / Location) | |
| First Preference | | |
| Second Preference | | |
| Would you be willing to consider other areas? | Yes No Where? | |
| Do you own any suitable property that is available for this business? | Yes No | |
| If yes, please briefly describe the property including location, covered area, type of construction, services available and any other relevant information: | | |

| What are your expectations by owning a MIRARI FURNITURE Franchise? | |
|--|---|
| | |
| What annual income after expenses do you h | ope to generate from your business? |
| How much time do you plan to spend at your franchise? | Full-time Part-time No. of hours per week |
| Would family, friends or associates be helping you? | Yes No |
| If yes please describe the person, their role and involvement in business: | |
| | |
| | |
| Why do you think you would succeed as MIR. | ARI FURNITURE Franchisee? |
| | |
| | |

| Given that the success or failure of your business is p do to promote your business in addition to any progra | |
|---|---|
| Please provide an example where you hired, trained a | and or motivated staff: |
| What is your customer service philosophy? | |
| I hereby certify that all information provided in this for understand that any false information or consequentia cause for immediate termination of any subsequent a MIRARI FURNITURE. | al omission contained in this form would be |
| The submission of this form does not obligate MIRAR manner. | RI FURNITURE or the applicant in any way or |
| Print Name Da | ate |
| Signature | |