



Magic Corn
United Arab Emirates
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APPLICATION for FRANCHISE

INDIVIDUAL **REGIONAL** **TERRITORIAL**

Desired Location: _____ No. of Outlets: _____

Personal Data

Name : _____
Address : _____
Nationality : _____
Tel.No. : _____ Fax No: _____
Mobile No. : _____ E-Mail : _____

Business Details

Company : _____ Position: _____
Activity : _____

Business Details: Do you own a Franchise? YES _____ NO _____

If yes, Name of the Franchiser: _____ Location: _____

Nature of Ownership for applied MAGIC CORN Franchise :

Single _____ Partnership _____ Corporation _____

From where did you hear about Magic Corn: _____

Personal References:

Name: _____ Company: _____
1. _____
2. _____

Bank References:

Banker: _____ Address: _____
1. _____

I certify that all the above information is true and correct.

Name Signature Date