

FRANCHISEE APPLICATION CUM BUSINESS AGREEMENT

TO: eSevaWorld SERVICES (P) Ltd, Secunderabad – 500 003, India: In order to induce you to appoint me/us as one of your Franchisee, I/We am/are submitting my/our application information and documents as given below and signing this document I/We accept the terms in Franchisee Agreement and accepted online Terms & Conditions by clicking button is my willful consent and acceptance to it.

| PERSONAL INFORMATION | | BUSINESS | | | |
|--|--|---|--|--|---|
| APPLYING AS | <input type="checkbox"/> BASIC | <input type="checkbox"/> FEBA | <input type="checkbox"/> SMART | <input type="checkbox"/> CEBA | PASTE PHOTO |
| YOUR NAME <small>(Applicant Authorized Signatory)</small> | MR/MS/Dr | | | | |
| YOUR FIRM'S NAME <small>(If Applicable)</small> | M/s | | | | |
| Date of Birth / Firm's Registration Date | | | | | |
| YOUR / FIRM'S LEGAL CONSTITUTION | <input type="checkbox"/> Individual | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Pvt/Ltd Company | <input type="checkbox"/> Others |
| BUSINESS ADDRESS (Location) <small>(From Where Services will be Provided)</small> | | | | | |
| LANDMARK | | | LOCALITY/MARKET | | |
| BLOCK/TEHSIL | | | CITY/VILLAGE | | |
| STATE | | | DISTRICT | | |
| POSTAL CODE | | | COUNTRY | | |
| OFFICE / RESIDENCE PLACE | <input type="checkbox"/> Rented | <input type="checkbox"/> Owned | PAN CARD NO | | |
| PERMANENT ADDRESS <small>(As per KYC Documents Provided)</small> | | | | | |
| REGISTERED MOBILE NO <small>(To be Used for ESEVA ID)</small> | | | | ALTERNATE MOBILE NO <small>(Mandatory)</small> | |
| EMAIL <small>(To be Used for ESEVA ID)</small> | | | | | |
| WHICH DO YOU HAVE | PC with Internet Connection <input type="checkbox"/> YES <input type="checkbox"/> NO | | Mobile with Internet <input type="checkbox"/> YES <input type="checkbox"/> NO | | Printer ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| YOUR PRESENT OCCUPATION | | | ANY OTHER DEALERSHIP | | |
| INTEGRATION FEE PAYMENT | DD in favour of M/s ESEVA WORLD SERVICES (P) LIMITED payable at Hyderabad or Online Transfer to the account of ICICI Bank Title: ESEVAWORLD SERVICES PRIVATE LIMITED Account Number: 000805016650 , Branch: KHAIRATABAD , IFS Code: ICIC0000008 | | | | |
| ANNUAL INTEGRATION FEE | Rs. | Cheque/DD/Online No. | Bank Name | Branch | Date |
| KYC DOCUMENTS REQUIRED (Attach Self attested Photocopies Only and Tick Any One of Each Proof) | | | | | |
| 1. PROOF OF IDENTITY | <input type="checkbox"/> Pan Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> Passport | <input type="checkbox"/> Voter Card | <input type="checkbox"/> Other |
| 2. PROOF OF ADDRESS | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Electricity Bill | <input type="checkbox"/> Telephone Bill | <input type="checkbox"/> Aadhaar Card | <input type="checkbox"/> Other |
| 3. PROOF OF FIRM | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Certificate of Registration | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Other |
| DECLARATION | | | | | |

I/We confirm I have read, understood and accept the Franchise Agreement attached and I/We Hereby sign below as conclusive acceptance to the same. I/We also understand that there may be further modification from time to time to this agreement & Conditions on company specified website (esevaworld.com) & I/We undertake to obtain and revive them. I will be bound by the terms & conditions enforce on the effective day. I/We undertake that the information/documents provided are true and correct to the best of my/our knowledge and are based on documentary evidence. No material fact has been concealed and no part of the documents/information provided is/are false /fabricated. I/We understand and agree that the integration fee is not refundable under any circumstance. I/We understand that the final decision on acceptance/rejection of my/our application to appoint me/us as franchisee exclusively rests with Esevaworld only. I/We clearly understand that in case the information provided is found false/ fabricated the Franchisee agreement may be terminated. It is certified that the person(s) signing the Franchise Application has full authority to do so and there by binds the Franchisee to the terms of the Franchisee Agreement attached therewith. I/We fully understand and permit Esevaworld, if they so desire, to perform necessary checks and verifications on me/us the establishment. No cash will be dealt directly or indirectly and company is not responsible for the same in any manner what so ever. I agree to accept receive promotional SMS and calls from Esevaworld.

FRANCHISEE SIGNATURE'S

EFFECTIVE DATE :

| FOR OFFICIAL USE ONLY | | | |
|-----------------------|--|-------------------------|--|
| APPROVED BY CEBA ID | | APPLICANT ESEVAWORLD ID | |
| APPROVED OFFICER ID | | DATE & SIGNATURE | |