

To be our partner, please follow the process hereunder.

### Franchising Application Form Details:

- Complete franchise application form, mail or fax it to us.
- If you qualify, Arabian Oud will send you further information about franchise process.

### Contact Details

<b>Company Name</b>	:	
<b>Principle Name</b>	:	
<b>Business Address</b>	:	
<b>P.O. Box</b>	:	
<b>City /Country</b>	:	
<b>Tel. No</b>	:	
<b>Fax No</b>	:	
<b>Mobile No</b>	:	
<b>Email</b>	:	
<b>Website</b>	:	

### Business Details

<b>*Your Company Profile: Please attach Document OR Your Profile as an Investor</b>		
Years of Experience in Local Market	:	
Indicate the Country & City for the proposed development of Arabian Oud	:	
Number of Outlets you think you would develop in your Country during Five Operating Years	:	

Retail Franchise Location: * Please list the franchise Location (s) applied for		
Location	:	Briefly detail reasons for your choice.
	:	
	:	
	:	
	:	
	:	
	:	

<b>Time Range to Start the Business:</b>	:	
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**Additional Information to the applicants**

- The information provided will be treated as confidential. The Franchise Application may be accepted or rejected at Arabian Oud discretion.
- Additional financial details are likely to be sought for finance approval prior to the final approval of the Franchise Application.
- On final approval to proceed to become a franchisee a deposit will need to be paid. The deposit is credited against the initial franchise fee, which is paid in full approximately 30 days later.

I / We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I / We understand that Arabian Oud is considering my application to become one of its franchisees. I / We recognize that Arabian Oud is not in any way obligated to franchise a site to me / us because of our execution of this document. I / We understand that an enquiry regarding my / our character, general reputation, personal characteristics, mode of living, and financial background may be made as a result of this application and hereby authorize the release of this information to Arabian Oud.

**Franchise**

**Applicant Name**

**Signature**

On completion please forward your application to:

**Franchise Development Manager**

**ARABIAN OUD**

Deira City Centre Regional Office, PO Box: 86884, Dubai, UAE

Tel: +971 4 2952585 Fax: + 071 4 2952584

e-mail: develop@adgroup.ae

Website: www.arabianoud.com