



SNAP  
PP SIZE

**SAHARA DIAGNOSTIC STAT LABORATORY.**

Regional Office: 7-C East, Trust Colony, Bahawalpur. 0092 62 2885584, 0092 333 7855024

Head Office: 50-Bridge Colony, Lahore Cantt, Lahore. 0092 42 111 800 111, saharaforlife.org

**FRANCHISE APPLICATION FORM**

NAME OF APPLICANT: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

NIC# \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

CONTACT#:MOB: \_\_\_\_\_ EMAIL \_\_\_\_\_

SITE-ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RESIDENTIAL-ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EDUCATION/DEGREE: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

CURRENT WORK PLACE (IF ANY): \_\_\_\_\_  
\_\_\_\_\_

GENERAL BUSINESS/RELEVENT WORK EXPERIENCE (IF ANY): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEASIBILITY OF SITE (FOLLOWED BY ): \_\_\_\_\_

ARE YOU A PAST FRANCHISEE OF SFLT? **YES/NO**

HAS ANY OF YOUR RELATIVES SFLT FRANCHISE? **YES/NO**

ARE YOU RUNNING SOME OF OTHER FRANCHISES? **YES/NO**

**REMARKS (REASON OF CHOICE OF SFLT DIAGNOSTIC LAB):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH A COPY OF NIC:**

**SIGNATURE:**

**ATTACH A COPY OF LAST ONE YEAR BANK STATEMENT:**