



FRANCHISEE CAPABILITY ASSESSMENT FORM

Sir / Madam ,

Please fill in the requisite information against each question as listed in this form . All this information is required urgently at our end to process your application for Franchisee requirement in your area of business.

A. GENERAL

1. NAME OF THE COMPANY

2. ADDRESS

3. TELEPHONE NUMBER (S)

4. E-MAIL CONTACTS

5. FAX NUMBER

6. NATURE OF PRESENT BUSINESS

7-1. IN CASE OF AGENT/FRANCHISEE, SPECIFY WHICH COURIER NETWORK YOU REPRESENT. FURNISH, DETAILS OF PRESENT FRANCHISEE AGREEMENT / ARRANGEMENT WITH THE COURIER NETWORK YOU REPRESENT.

7-2.B REASONS FOR DISCONTINUING WITH PREVIOUS FRANCHISEE COURIER.

8-1. NATURE OF COMPANY : -

**PROPRIETARY
PARTNERSHIP
PRIVATE LIMITED
PUBLIC LIMITED**

8-2. IN CASE OF A PROPRIETARY COMPANY, NAME, ADDRESS AND TELEPHONE NUMBER OF THE PROPRIETOR.

8-3. IN CASE OF A PARTNERSHIP COMPANY, NAMES AND ADDRESSEE OF THE PARTNERS WITH TELEPHONE NUMBERS

8-4. IN CASE OF PUBLIC/PRIVATE LIMITED COMPANY, NAME ADDRESS AND TELEPHONE NUMBER OF THE CHIEF EXECUTIVE.

9. PERSON (S) TO BE CONTACTED FOR CLARIFICATIONS

10. TOTAL NUMBER OF EMPLOYEES AS ON DATE :-

10-1. ADMINISTRATIVE

10-2. OPERATIONS

10-3. WHAT IS THE MINIMUM REQUIREMENT OF EXPERIENCE AND QUALIFICATION LAID DOWN FOR SALES / BRANCH MANAGER AND SUPERVISORY STAFF?

11 INDICATE TYPES OF SERVICES IN WHICH YOU ARE INTERESTED.

12 HAVE YOU EVER BEEN BANNED OF REMOVED FROM ANY LIST OF APPROVED GOVERNMENT CONTRACTORS / VENDORS? IF SO GIVE DETAILS.

13 YEAR OF COMMENCEMENT OF PRESENT SERVICE

14 ANNUAL TURNOVER DURING LAST THREE YEARS

15 WHETHER ADEQUATE FACILITIES ARE AVAILABLE FOR :-

15-1. A WATER SUPPLY.

15-2. FIRE FIGHTING.

15-3 SECURITY

16 HAVE YOU ANY LOCAL BRANCH OFFICE /AGENTS? IF SO, PLEASE FURNISH DETAILS WITH ADDRESS, TELEPHONE, FAX, TELEX ETC.

B.COMMERCIAL

1. NAME AND ADDRESS OF YOUR BANKERS

2. VALUE OF CURRENT ASSETS AS ON DATE

3. PRESENT OFFICE SPACE OWNED /RENTED

4. VALUE OF CURRENT LIABILITIES AS ON DATE.

5. NET FIXED ASSETS.

6. VALUE OF TOTAL SALES DURING THE PREVIOUS YEAR.

7. VALUE OF TOTAL CAPITAL EMPLOYED

8. SOURCE OF FINANCE

9. WILLINGNESS TO PLACE :-

9-1. SECURITY DEPOSIT (CHEQUE).

9-2. IRREVOCABLE BANK GUARANTEE.

9-3. PLEASE SPECIFY WHICH IS MORE CONVENIENT.

10. SERVICE TAX REGISTRATION NUMBER.

11. EXCISE REGISTRATION NUMBER.

12 ARE YOUR PRODUCTS COVERED BY WARRANTY? IF SO STATE.

12-1. PERIOD.

12-2. SCOPE OF WARRANTY.

13 LIST FACILITIES FOR DAY TO DAY OPERATIONS :-

13-1. DESCRIPTION OF INSTRUMENTS /VEHICLES ETC.

13-2. DETAILS & NUMBER OF MACHINES IN OPERATION :-

13-2-1. FAX.

13-2-2. COMPUTERS.

13-2-3. COMPUTER PRINTERS.

13-2-4. MODEMS .

13-2-5. XEROX MACHINES.

13-2-6. ELECTRONIC TYPEWRITERS.

13-2-7. WEIGHING SCALES.

13-2-8. OTHERS.

14 WOULD YOU PROVIDE AFTER SALES SERVICE? PLEASE SPECIFY SALES / CUSTOMER SERVICE STAFF YOU ALREADY HAVE OR INTEND TO EMPLOY.

15 HAVE YOU OBTAINED INCOME TAX CLEARANCE CERTIFICATE? IF SO, PLEASE ENCLOSE DETAILS.

16 LIST OF ENCLOSURES.

17 ANY SPECIAL INFORMATION.

**I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT AND TO THE BEST OF MY KNOWLEDGE
SIGNATURE**

NAME

COMPANY NAME

DESIGNATION

PLACE

COMPANY SEAL

DATE : - - (dd-mm-yyyy)

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