



HAKAYA ALHARA FRANCHISE APPLICATION FORM

We have read your prospect and would like further information about Hakaya Alhara Franchise Opportunity. Please contact us to arrange a meeting.

Applicant's Name:

Company Name:

Formation Date:

Address:

Postal Code:

Country:

Nationality:

Telephone Home:

Telephone Business:

Email:

Mobile Number:

Website:

Liquid Capital Available:

Total Net Worth:

Corporate or Individual
Application

Current Employment or
Business Activity

Proposed Country

Note: This is an application to acquire a franchise with **Hakaya Alhara** All information that will be written on this application form should be up to date within 30 days and will be kept confidential. Kindly Submit the application form at our **Hakaya Alhara Branch** or Through email info@makasebgroup.com