

## Excellency Legalisation Services Pvt. Ltd.

Specialised Consular Services to the world of Exports & Travel Visa

## **Franchise Enquiry Form**

Basic Information:	
First Name:- Mr./Mrs	
Education/Profession:	•
Business Name:	
Street Address:	
Nearest of :- Chamber of Commerce Sea Port Air Port ICD  Please specify the nearest one from above with their name:	CFS
	<u>.</u>
City/Pin Code:	
Phone Number:	-
Emaile	
Website:-	<del>P</del> e
Website.	<b>.</b> •
Additional Information:	
Number of years in business.	
Office Space in sqm.	
Since space in squii.	
Number of employees working with you:-	
Income bracket as per recent filed ITR	
Preferred Time for Telephone Conversation:-	

Thank you for filling up the form. Please refer our client's website till we connect back to youwww.excellencyservices.com.

P.S.: This form is just for the purpose of collecting required information; it should not be confused with the application form.

For any clarification please reach out @ 9920200996 or mail us elspl@rediffmail.com

AECCI's



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APOSTILLE & LEGALISATION CONSULTANCY

Proud to be a

