

Cafoli Lifecare PCD Pharma Franchise Application Form

Please complete all sections accurately. Incomplete applications may result in delays.

Section 1: Applicant Information

1. **Applicant Type:**

- ☐ Individual
- ☐ Company / Firm

2. Full Name (Individual) / Company Name (as per registration):

3. Contact Person (if Company / Firm):

4. Mobile Number:

5. Alternate Phone Number (Optional):

6. Email Address:

7. Correspondence Address:

City: _____ State: _____

_____ Pin code: _____

Section 2: Business & Operational Details

1. Desired Operating Area / Territory (City, District, State where you wish to operate):

2. Current Business Name (if applicable):

3. **Type of Business Entity (Tick one):**

- ☐ Proprietorship
- ☐ Partnership Firm
- ☐ Private Limited Company
- ☐ Other (Please specify): _____

4. Date of Business Establishment (if existing):

_____ / _____ / _____ (DD/MM/YYYY)

5. **Do you have an existing storage facility/office space for your business?**

- ☐ Yes
- ☐ No
- ☐ If Yes, please describe briefly (size, type):

Section 3: Licensing & Registration Details (Mandatory)

1. Drug License Number (DLN):

- ☐ Wholesale
- ☐ Retail
- ☐ Applied for (Date Applied: _____ / _____ / _____)

2. GST Identification Number (GSTIN):

3. PAN Card Number (of Individual / Company):

4. Any other relevant licenses/registrations (e.g., Trade License, Company Registration Number):

Section 4: Experience & Financial Background

1. **Current / Previous Profession:**

- ☐ Medical Representative (MR)
- ☐ Medical Distributor
- ☐ Medical Agency
- ☐ Wholesale Medical Dealer
- ☐ Other (Please specify): _____

2. **Years of Experience in Pharma/Healthcare Industry:**

_____ years

3. **Why are you interested in a Cafoli Lifecare PCD Pharma Franchise?**

(e.g., specific products, support, brand reputation, growth potential)

4. **Estimated Initial Investment Capacity (e.g., in INR):**

Section 5: Declaration

I hereby declare that the information provided in this application form is true and accurate to the best of my knowledge¹ and belief. I understand that any false or misleading information may result in the rejection of my application.² I agree to comply with all terms and conditions of Cafoli Lifecare's PCD Pharma Franchise program if my application is approved.

Signature of Applicant: _____

Date: _____ / _____ / _____ (DD/MM/YYYY)

Instructions for Submission:

- Please attach clear photocopies of the following mandatory documents:
 - **Drug License (Wholesale)**
 - **GST Registration Certificate**
 - **PAN Card** (of Individual / Company)
 - **Aadhar Card / Identity Proof**
- Submit the completed form and documents to our Sales Team as guided on our website. You WhatsApp number and email id is given on our website.

- Upon receipt, our team will review your application and contact you for the next steps in the onboarding process, including a detailed discussion of the Franchise Disclosure Document (FDD).

Thank you for your interest in partnering with Cafoli Lifecare!

[Click here](#) to know step to step information about how to Starting a PCD Pharma Franchise in India.