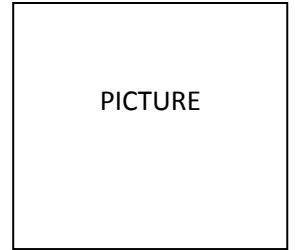


FRANCHISE APPLICATION FORM



DATE: _____

*NAME: _____ AGE: _____ *MOB: _____

EMAIL ADDRESS _____

RESIDENTIAL ADDRESS: _____

*EDUCATION: _____ *PROFESSION: _____

CURRENT WORK PLACE:* _____

GENERAL BUSINESS/WORK EXPERIENCE:

*PROPOSED LOCATION: _____

FEASIBILITY OF SITE:

*MEDICAL ACTIVITY IN THE AREA:

ARE YOU AN EXISTING FRANCHISEE OF Prime Labs? **YES/NO**

DOES ANY OF YOUR RELATIVES HAVE FRANCHISE? **YES/NO**

ARE YOU RUNNING SOME OTHER FRANCHISE BUSINESS? **YES/NO**

Are you/or have you been in an existing contract with Prime Lab other than Franchisee contract? **YES/NO**

IF YES, KINDLY GIVE DETAILS: _____

*** ATTACH A COPY OF CNIC**

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