

EXPRESSION OF INTEREST (EOI)
(To be printed on your letter head)

Date:

To: The C.E.O.
Shree Balaji Educational Development Corp
D20E, Chhatarpur Enclave
New Delhi- 110074

I _____ S/o _____, resident of _____ have carefully gone through the business opportunity offered by SHREE BALAJI and I am ready to consider the same as a business.

During the series of meetings with the representatives, I have understood and agreed upon the details of the franchise proposal, including the requirement of the infrastructure, roles & responsibility of mine as a franchisee.

I agree to start the Counselling Centre at _____ not later than _____ months, from the signing of this EOI (Expression of Interest).

I agree to pay a non refundable, non transferable counseling center fee of Rs. _____ to Shree Balaji Educational Development Corporation.

I am enclosing a Cheque (payable at Par) / Demand Draft equivalent to _____% of Counselling Centre Fee amounting to Rs. 50,000/- (Rupees Fifty Thousand only) as centre fee.

I further agree to sign a formal agreement of the terms and conditions of this proposal not later than _____ month.

Confirmed & Accepted
For & on behalf of

Date: _____, 2012.

Note : The DD/ Cheque shall be drawn on the name of Shree Balaji Educational Development Corporation, payable at Delhi

Annexure – II

(Please answer all questions using "No", "None" or "N/A" (not applicable) where necessary)

| PERSONAL INFORMATION | |
|--|--|
| Surname | |
| First Name | |
| Residential Address | |
| Home Tel: | |
| Work Tel: | |
| Mobile | |
| E-mail | |
| Have you ever owned or worked in a business similar to the proposed opportunity? | |
| BUSINESS EXPERIENCE | |
| Company Name | |
| Company Address | |
| Type of Business | |
| Annual Salary and Turnover | |
| No. of Staff | |
| Describe duties and responsibilities along with period of employment | |
| BUSINESS INTEREST | |
| What interested you to take up this line of business? | |

| | |
|--|--|
| Will you have a business partner(s)? If yes, please given name of the partner(s). | |
| To what extend will you be actively involved in the operations of the business? | |
| What will be the nature and type of the proposed company you intended to have for this business? | |
| What % of equity of this business will you own? | |
| Who will be the operating partner? | |
| Investment for the opportunity? | |
| Please provide information about the location you intend to open franchise: | |
| Complete Address of the Location | |
| Carpet Area | |
| Ownership: Owned / Rented | |
| Commercial / Residential Location | |
| TIMING | |
| Within what time frame could you invest in this opportunity? | |

The undersigned certifies that the information furnished in this Counselling Centre application is true and correct.

Date: _____

Place: _____

Name: _____

Signature: _____

Please return to:
Shree Balaji Educational Development Corporation
D20E, Chhatarpur Enclave, New Delhi -110074
Tele Fax: 033- 26301949
Email: - info@shreebalajiedu.com
www.shreebalajiedu.com