FRANCHISE & BUSINESS OPPORTUNITY

Beauty Parlor Franchise Application Form

Tell us about your background in beauty services, your vision for a parlor, and how you would bring it to life. MYYWAY reviews every application individually — completing this form does not guarantee approval.

How to complete this application

- Please print clearly in black or blue ink, or fill this PDF digitally.
- Fields marked with an asterisk (*) are required. Fields marked (optional) may be left blank.
- For checkbox and rating questions, mark the box that applies with an X.
- This application mirrors, section for section, the online application available on the MYYWAY website — you may complete either version.
- Once complete, submit this form to your nearest MYYWAY franchise office, or scan and email it to the franchise team.
- This form has 6 sections: Personal & Contact Information, Beauty Industry Experience, Investment & Business History, Proposed Parlor Location, Services / Team / Business Planning, and Review & Declaration.

Applicant reference (office use only): _____ Date received: _____ / _____ / _____

01

Personal & Contact Information

Basic details so the MYYWAY franchise team can identify and reach you.

Full Name*

Father / Guardian Name*

Date of Birth (DD/MM/YYYY)*

Gender*

☐ Female	☐ Male
☐ Other	☐ Prefer not to say

CNIC / ID Number*
Format: 12345-1234567-1

Nationality*

Address*

City*

Country*

Mobile Number*

WhatsApp Number (optional)

Email Address*

Alternative Contact (optional)

02

Beauty Industry Experience

Tell us about your background across different beauty services.

Beauty Industry Experience*

☐ Yes ☐ No

Years of Experience*

Skill Areas

Beautician Experience*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Skin Care Experience*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Makeup Experience*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Hair Services Experience*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Nail Services Experience*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Bridal Makeup Experience*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Parlor Management Experience*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Customer Dealing*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Team Management*

☐ None ☐ Basic ☐ Intermediate ☐ Expert

Briefly describe your beauty industry experience.*

03

Investment & Business History

Help us understand your financial readiness and business background.

Investment Capacity*

☐ Under PKR 10 Lac	☐ PKR 10–25 Lac	☐ PKR 25–50 Lac
☐ PKR 50 Lac – 1 Crore	☐ Above PKR 1 Crore	

Funding Source*

☐ Personal Savings	☐ Bank Loan	☐ Family / Investor Support
☐ Business Partner	☐ Other	

Previous Business Ownership*

☐ Yes	☐ No

If yes, please provide details below (optional):

Previous Business Type (optional)

Business Ownership Duration (years) (optional)

Current Business Details (optional)

Business Management Experience*

☐ None	☐ Basic	☐ Intermediate	☐ Expert

04

Proposed Parlor Location

Details about where you plan to set up your MYYWAY Beauty Parlor.

Preferred City*

Area*

Proposed Location*
Landmark, plaza, market, etc.

Property Status*

☐ Owned	☐ Rented
☐ Family Property	☐ Not Yet Identified

Shop Size (sq. ft.)*

Rent Budget (optional)

Expected Opening Date*

Location Already Identified*

☐ Yes	☐ No

Target Customer Group

☐ Women	☐ Bridal Clients	☐ Working Professionals
☐ Families	☐ General Public	☐ Other

If “Other,” please specify (optional)

05

Services, Team & Business Planning

Your service focus, staffing plan, and vision for the business.

Preferred Services

☐ Makeup	☐ Facials	☐ Skin Care
☐ Hair	☐ Nails	☐ Bridal Services
☐ Other		

If "Other," please specify (optional)

Team Structure

Expected Total Staff*

Beauticians (optional)

Makeup Artists (optional)

Nail Technicians (optional)

Hair Specialists (optional)

Manager (optional)

Business Planning

Why do you want a MYYWAY Beauty Parlor franchise?*

What are your business goals?*

How will you manage the parlor?*

Time You Will Personally Dedicate*

☐ Full-time	☐ Part-time	☐ Through a Hired Manager

Which services do you believe will be most important for your target customers?*

What support do you expect from MYYWAY?*

06

Review & Declaration

Please review your application carefully before submitting.

Before signing, please confirm you have completed every required (*) field in Sections 1–5 above.

☐ I confirm that the information provided in this application is accurate to the best of my knowledge. I understand that submission of this form does not guarantee approval of a MYYWAY Beauty Parlor franchise, and that MYYWAY will evaluate my suitability before any decision is made.

Applicant Signature & Date

Signature _____ **Date (DD/MM/YYYY)** _____

Printed Name _____ **Place / City** _____

For MYYWAY Office Use Only

Received By _____ **Reviewer Signature & Date** _____

Application Status (optional)

☐ Approved	☐ Under Review	☐ On Hold	☐ Not Approved