MYYWAY

MARRIAGE BUREAU CENTER FRANCHISE APPLICATION

Franchise & Business Opportunity

Own & Operate a Marriage Bureau Center With MYYWAY

Tell us about your background, readiness and vision for the business. Please complete all required sections clearly.

CONFIDENTIALITY NOTE
The information provided is used solely by MYYWAY to evaluate this franchise application and is handled with discretion.

Application Instructions

Complete this form in black or blue ink if printed. Where a question does not apply, write N/A. Attach additional pages if more space is required.

01 Personal & Contact Information

Personal

Full Name *	Father / Guardian Name *

Date of Birth *	Gender *

CNIC / ID Number *	Nationality *

Contact

Address *

City *	Country *

Mobile Number *	WhatsApp Number (optional)

Email Address *	Alternative Contact (optional)

02 Business & Service Experience

A marriage bureau center depends on professionalism, discretion and client trust. Limited prior experience does not disqualify an application.

Professional Background

Briefly describe your relevant professional or business experience. *

Business / Service Experience *	Customer Dealing *

Office Management *	Consultation Experience *

Administration Experience *	Community / Networking Experience *

Ownership History

Previous Business Ownership * ☐ Yes ☐ No

Type of Business Previously Owned (optional)	Previous Ownership Duration (optional)

Describe your experience managing a business, office or team, if any. *

03 Investment & Business History

Help us understand your financial readiness and business background. Investment terms are discussed individually.

Investment

Investment Capacity *	Funding Source *

Current Employment Status (optional)	Previous Ownership Duration (optional)

Details of your current or most recent business. *

04 Proposed Center

Tell us about the office location and setting you are envisioning. The center should feel private, comfortable and professional for visiting clients.

Location

Proposed City *	Area *

Specific Office Location, if identified (optional)

Has a Specific Location Been Identified? * ☐ Yes, identified and available ☐ In negotiation ☐ Not yet identified

Property Status * ☐ Owned ☐ Rented ☐ Under negotiation ☐ Still searching

Primary Target Client Group *	Expected Office Size *

Expected Monthly Rent (optional)	Target Opening Date (optional)

05 Staff, Technology, Services & Business Planning

Staffing Plan

Office Manager(s)	Consultants

Receptionist(s)	Data Management Staff

Expected Total Staff *

Technology Readiness

Computer Availability * ☐ Available ☐ Planning to acquire ☐ No

Internet Availability * ☐ Available ☐ Planning to acquire ☐ No

Database Management Experience *	CRM / Software Experience *

Digital Communication Experience * ☐ None ☐ Basic ☐ Intermediate ☐ Expert

Services

Select all that apply:
☐ Marriage Consultation ☐ Matchmaking ☐ Profile Management

☐ Client Registration ☐ Other: _____

Business Planning

Why do you want to operate a MYYWAY Marriage Bureau Center? *

How will you manage clients? *

How will you maintain confidentiality? *

How will you handle client records? *

What is your target market? *

What are your business goals? *

How will you maintain professional communication with clients? *

How will you handle sensitive client information? *

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

What are your expectations from MYYWAY as a franchise partner? *

06 Review & Declaration

Review your completed answers before signing. This declaration confirms that the information supplied is accurate to the best of my knowledge.

Declaration

☐ I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

☐ I understand that submitting this application does not guarantee franchise approval, and MYYWAY will evaluate my suitability based on the information provided and any follow-up discussion.

☐ I understand that no specific income, profit, client volume or match outcome has been promised to me by MYYWAY in connection with this application.

☐ I understand that this application will be handled confidentially by MYYWAY and used solely for franchise evaluation.

☐ I agree to MYYWAY's Terms & Conditions and Privacy Policy.

Applicant Signature (type or sign full name) *

Date *	**Application ID (if provided)**

FOR MYYWAY OFFICE USE ONLY

Application received by: _____

Review status: ☐ Pending ☐ Shortlisted ☐ Follow-up Required ☐ Declined

Reviewer notes: _____

_____