



ANN PHARMA CARE & WELLNESS LLP

Execution of agreement for Franchise

I Mr. ----- Registered Pharmacist with
Registration Number -----, Registered in the State -----

Agree to abide by the rules and regulations of the Franchise which are
Mentioned below in this agreement.

Conditions of Franchise

1. I shall send the summary of business form by 20th of every month
2. I shall send the franchise fee on 5th of Every month by bank transfer
3. I shall co operate with company representative in the process of business.
4. This agreement is valid for 1 year /12 calendar months from the date of execution.
5. The contract for franchise shall be renewed one month before the expiry

From

Sign

dated

Official Use:

Franchise address::

DD.NO/Bank transfer detail



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Franchise offer letter

This is to certify that Mr. -----, Registered Pharmacist is the franchise of single/2/3 star category. Is authorized to practice pharmaceutical care as per the company guidelines and the provisions of Pharmacy Act of 1945 till ----- . In the address mentioned below

Address of the franchise:

For ANN PHARMACARE & WELLNESS LLP

CONFIDENTIAL