

REGISTRATION FORM

First Name: Surname:

Username:

E-Mail Address:

Password:

Phone No.:

Gender: Male
Female

User Type Customer
Arisan/Pro

PHOTO

SHOP FORM

Shop Name:

Shop Address:

City:

State:

Country:

Shop Phone No.:

Shop Description

Open Time:

Close Time:

Shop Working Days: Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

SHOP
PHOTO

List your Services

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Advance booking upto how many days:

How many bookings allowed in one(1) hour:

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