

Counseling Session Confirmation

Date: [Insert Date]

To: [Franchisee's Name]

Address: [Franchisee's Address]

Dear [Franchisee's Name],

We are writing to confirm your upcoming counseling session regarding your exit from the franchise. This session is an important step in addressing your concerns and discussing the process of your departure from the franchise.

Session Details:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location or specify if it is virtual]

During this session, we will cover the following topics:

1. Your reasons for exiting the franchise.
2. Outstanding obligations and settlements.
3. Transition plans for closing or transferring operations.
4. Support and resources available to you during this time.

Please feel free to bring any documents or questions you have about the process.

We appreciate your efforts as a franchisee and are committed to making this transition as smooth as possible for you.

Looking forward to our discussion.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]