



For Franchisor Use Only

Reference No: \_\_\_\_\_

Date Received: \_\_\_\_\_

Please fill out the following form and kindly fax it to us at (+65 6484 6477) or email us at [franchise@expressteppan-yaki.com](mailto:franchise@expressteppan-yaki.com)

To assist us in our processing, please indicate N.A. for non-relevant information. We will follow up with you shortly. Thank you for your interest.

## I. Personal Data

Franchising for: \_\_\_\_\_ (country)

Application Date:    /    /    (Day / Month / Year)

Applicant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Male / Female

Marital Status: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Citizenship No: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No (Mobile): \_\_\_\_\_ (Office): \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about the Franchise Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. Educational Qualifications

From Mth/Yr	To Mth/Yr	Institution	Highest Certificate Pass	Year of Graduation

## III. Work Experience & Employment History

Have you ever owned or operated similar operations? Yes / No

If "Yes" please provide details:

Entity:

Years in Operations:

Employment Strength:  Annual Turnover:

Main activities:

Do you have any prior experience in the retail industry? If so, please provide details

IV. **Ownership** & Operations

Will the franchise operations be owned by you or a group?                      Self / Group

If "Group" ownership, please provide details on the shareholdings:

Name / Institution:  % Ownership:

Name / Institution:  % Ownership:

Name / Institution:  % Ownership:

Amount of available capital:  (Please state currency)

Sources	Amount

Please state any other avenues of excess funds apart from those above.

**V. References**

<b>Reference 1</b>	<b>Reference 2</b>
Name:	Name:
Designation:	Designation:
Address:	Address:
Contact No:	Contact No:
Years Known:	Years Known:

The information contained in this statement is provided for the purpose of obtaining or maintaining a franchise to use the trade names, trademark, systems and other intellectual property of the franchisor on behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned is authorized to execute a guarantee. The undersigned understands that the franchisor is relying on the information provided herein in deciding to grant the rights. The undersigned represents and warrants that the information provided is true and complete and that the franchisor may consider this statement as continuing to be true and correct until a written notice of a change is given to the franchisor by the undersigned. The franchisor is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

.....  
Signature of Applicant

.....  
Date