

awfullychocolate

FRANCHISEE APPLICATION FORM

| | | | |
|--|--|-----------------------|---|
| Applying for franchise in (Country, State, City) | | | |
| 1. COMPANY INFORMATION | | | |
| If you represent a company in making this application, please fill in sections 1, 5, 6 and 7 | | | |
| Name of Company | | | |
| Type of Business | | | |
| Registration No | | Date of Incorporation | |
| Company Registered Address | | Postal Code | |
| | | Country | |
| Issued and Paid Up Capital of Applicant Company | | | |
| Contact Details <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. | | | |
| Surname | | First Name | |
| Age | | Gender | <input type="radio"/> Male <input type="radio"/> Female |
| Date of Birth | | Citizenship | |
| ID No. | | Marital Status | |
| Office Phone | | Mobile Phone | |
| Position or Capacity in Applicant Company | | | |
| Email Address | | | |
| Mailing Address | | | |
| | | | Postal Code |

| | | | |
|--|--|----------------|---|
| 2. PERSONAL INFORMATION | | | |
| If you are applying as an individual, please fill in sections 2 - 7 | | | |
| Contact Details <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. | | | |
| Surname | | First Name | |
| Age | | Gender | <input type="radio"/> Male <input type="radio"/> Female |
| Date of Birth | | Citizenship | |
| ID No. | | Marital Status | |
| Office Phone | | Mobile Phone | |
| Email Address | | | |
| Mailing Address | | | |
| | | | Postal Code |

| 3. EDUCATIONAL QUALIFICATIONS | | | |
|--------------------------------------|----|-------------|---------------|
| From | To | Institution | Certification |
| | | | |
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4. WORK EXPERIENCE AND EMPLOYMENT HISTORY

| | | | |
|--|------|------------|---------------------------|
| Current Profession (position) | | Start Date | |
| Company | | | |
| Mailing Address | | | Postal Code |
| Do you have any prior experience in the Food & Beverage industry? <i>If yes, please provide the details below</i> | | | <input type="radio"/> Yes |
| | | | <input type="radio"/> No |
| Company | | Date | |
| | | | |
| | | | |
| Previous Employment (Within the last 5 Years) | | | |
| Company | From | To | Reason for Leaving |
| | | | |
| | | | |
| | | | |
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5. OTHER SHAREHOLDERS

If you are intending to have other shareholders/partners in this proposed venture, please fill in this section

| | | | |
|-----------------|--|--------------|---|
| Contact Details | <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. | | |
| Surname | | First Name | |
| Age | | Gender | <input type="radio"/> Male <input type="radio"/> Female |
| Citizenship | | ID No. | Marital Status |
| Office Phone | | Mobile Phone | |
| Contact Details | <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. | | |
| Surname | | First Name | |
| Age | | Gender | <input type="radio"/> Male <input type="radio"/> Female |
| Citizenship | | ID No. | Marital Status |
| Office Phone | | Mobile Phone | |
| Contact Details | <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. | | |
| Surname | | First Name | |
| Age | | Gender | <input type="radio"/> Male <input type="radio"/> Female |
| Citizenship | | ID No. | Marital Status |
| Office Phone | | Mobile Phone | |

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6. GENERAL INFORMATION

Identify the more popular cake/bakery/café business(es) presently operating in country of choice

| Brand | Key Product |
|-------|-------------|
| | |
| | |
| | |

What do you perceive to be peak periods for the business in the year?

| Occassion | Date |
|-----------|------|
| | |
| | |
| | |

Why do you want to be an awfullychocolate franchisee/licensee?

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| Amount of available capital for investment into business | Currency | Amount |
|--|----------|--------|
| | | |

Intended commencement date of the franchise/license (DD/MM/YY)

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7. PRIVACY CONSENT

Making an application to become a registered applicant requires that you consent to the collection, use, storage and destruction of personal information, including details of previous employment and referees.

By signing and returning this form attached to your application, you hereby submit that the foregoing information is complete and true.

| | | | |
|-----------|--|-----------|--|
| Full Name | | Signature | |
| Date | | | |

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