



Attach
Passport Size
Picture

**FRANCHISEE APPLICATION FORM
(HIGHLY CONFIDENTIAL)**

PERSONAL PROFILE

Name: _____ Telephone No. : _____
 Cell Phone No.: _____ Fax No. : _____
 Home Address: Owned Rent Living with relatives
 _____ Telephone No. : _____
 _____ Fax No. : _____
 Provincial Address: _____ Telephone No. : _____
 _____ Fax No. : _____
 Date of Birth: _____ Age: _____ Place of Birth: _____
 Citizenship: _____ Languages/Dialects Spoken: _____
 Civil Status: _____ Name of Spouse: _____
 Date of Birth: _____ Age: _____ Place of Birth: _____
 Citizenship: _____ Languages/Dialects Spoken: _____
 Number of Children: _____ (Please indicate name and age)

	Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

EDUCATIONAL BACKGROUND

APPLICANT

Educational Level	School/ Address/Degree Earned	Year Graduated
Primary	_____	_____
Secondary	_____	_____
Tertiary	_____	_____
Post Graduate, if any	_____	_____

SPOUSE

Educational Level	School/ Address/Degree Earned	Year Graduated
Primary	_____	_____
Secondary	_____	_____
Tertiary	_____	_____
Post Graduate, if any	_____	_____

A. REAL ESTATE PROPERTIES AVAILABLE FOR THE FRANCHISE BUSINESS (For franchisee only)

TYPE	PERSONALLY OWNED/ OWNED BY RELATIVES	RELATION	LOCATION	SIZE (SQM)
House & Lot	_____	_____	_____	_____
Vacant Lot	_____	_____	_____	_____

B. Have you, your spouse or any of your immediate family members ever owned and/or operated your/their own business? Yes No If yes, please give details by completing Annex A.

C. Do you plan to devote full-time to this business venture? Yes No

Please elaborate: _____

D. Do you anticipate your immediate family member or relatives to work with you in operating the store?

Yes No If yes, please specify:

Name of Person	Relationship	Age	In what capacity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Business/Employment References:

Name & Address of at least three (3) business associates and current or previous employers:

	Name	Position	Company Name & Address	Tel. No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Membership in various professional, business or civic organization:

	Name of Organization	Position	Length of Membership
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ANNEX A Business Profile of applicant, spouse or immediate family members.
Please give details of business/es you owned and/or run for the last 5 years.

A. Applicant: _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

B. Spouse: _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Business Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

C. EMPLOYMENT HISTORY: (Last 5 -10 Years Starting from Present Employer. kindly fill up employment gaps)

Present Employer Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Employer Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Employer Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

Employer Name _____
Main Product/Services _____
Address / Tel. No. _____
Period of involvement _____ Position _____
Current status of business _____

FOR FC APPLICANTS ONLY

Do you intend to own/control the franchise business all by yourself, or do you have other investment partners in mind?

- Sole ownership/control
- With partner/investor :
 - Family member
 - Outsider

Would you have other partners to augment your existing capital? Yes No

FINANCIAL PROFILE

Please indicate the amount of capital you can make available for this business

If you need additional funds for the business, how much additional funds would you need?

How would you plan to obtain this? _____

Will the business be your sole source of income? Yes No

BANK REFERENCES

	BANK	TYPE OF ACCOUNT/ACCOUNT NUMBER	HOW LONG ACCOUNT HELD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CREDIT CARD REFERENCES

	CARD COMPANY	TYPE OF CARD	CARD LIMITS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that the above information are true and accurate to the best of my knowledge. I hereby authorized Regaler Foods, Inc./lcemonster and its representative to verify the validity of all information provided.

NAME : _____
SIGNATURE : _____
DATE : _____

Please sketch a map of the **SITE / LOCATION** address below. Kindly indicate landmarks and street names and directions