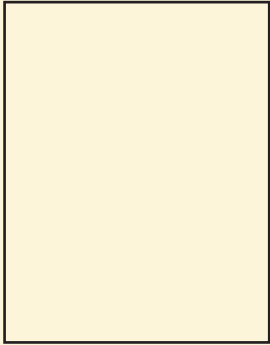




Franchise Application Form



PLACE PASSPORT PHOTO HERE

APPLICANT(S) DETAILS

FULL NAME AS IN NRIC (UNDERLINE SURNAME):

DATE OF BIRTH: NRIC: GENDER: ☐ MALE ☐ FEMALE

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED

NAME OF SPOUSE/PARTNER:

ADDRESS:

DURATION OF RESIDENCE AT THIS ADDRESS: TYPE OF RESIDENCE: ☐ RENTED ☐ OWNED

EMAIL ADDRESS:

TELEPHONE (HOME): TELEPHONE (WORK): FAX:

HAVE YOU EVER BEEN SELF-EMPLOYED? ☐ NO ☐ YES (PLEASE STATE REASON):

HAVE YOU OR ARE YOU SUFFERING FROM ANY ILLNESS OR DISABILITY? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY THE ILLNESS OR DISABILITY THAT YOU ARE SUFFERING FROM:

HAVE YOU EVER BEEN DECLINED LIFE ACCIDENT OR HEALTH INSURANCE? ☐ YES ☐ NO

IF YES, PLEASE STATE REASONS:

HAVE YOU EVER BEEN CONVICTED OF ANY CHARGE OTHER THAN A MINOR TRAFFIC OFFENCE? ☐ YES ☐ NO

IF YES, PLEASE STATE THE NATURE OF YOUR CONVICTION:

ARE THERE ANY OUTSTANDING CHARGES AGAINST YOU? ☐ YES ☐ NO

IF YES, PLEASE STATE THE CHARGES:

EDUCATIONAL PROFILE

WHAT AGE DID YOU LEAVE SCHOOL: NAME OF YOUR LAST SCHOOL:

DID YOU ATTEND COLLEGE/HIGHER EDUCATION: ☐ YES ☐ NO FROM: TO:

NAME OF INSTITUTION:

HIGHEST QUALIFICATION ACHIEVED:



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BACKGROUND INFORMATION:

HOW DID YOU HEAR ABOUT THE MUNCH FRANCHISE?

HAVE YOU EVER VISITED ANY OF THE MUNCH STORES? ☐ YES ☐ NO

DO YOU PERSONALLY KNOW ANYONE INVOLVED IN THE COMPANY? ☐ YES ☐ NO

DO YOU KNOW ANY OF OUR FRANCHISE PARTNERS? ☐ YES ☐ NO

ARE YOU WILLING TO DEVOTE YOUR FULL TIME AND ATTENTION TO THE PROPOSED OPERATION? ☐ YES ☐ NO

IF NO, PLEASE STATE REASONS:

WHERE WOULD YOU LIKE TO LOCATE YOUR MUNCH BUSINESS?

FIRST CHOICE:

SECOND CHOICE:

THIRD CHOICE:

WHAT SIZE BUSINESS WOULD YOU ASPIRE TO? ☐ SINGLE STORE ☐ TWO STORES ☐ MULTIPLE STORES

I understand that the information furnished herein is strictly private and confidential, and does not yet constitute a contract between MUNCH Saladsmith and myself, nor does it obligate me to undertake a MUNCH Saladsmith franchise.

I hereby declare the information furnished above is true to the best of my knowledge and understand that a false declaration may void my application for a MUNCH franchise and potentially expose myself to litigation.

Signature of Applicant

Date



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FINANCIAL INFORMATION

PLEASE NOTE PROCESSING OF THIS APPLICATION WILL NOT BEGIN UNTIL ALL RELEVANT INFORMATION IS SUBMITTED.

NO REFERENCE GIVEN WILL BE TAKEN UP WITHOUT YOUR EXPRESS PERMISSION; ALL INFORMATION PROVIDED IS STRICTLY PRIVATE & CONFIDENTIAL.

PERSONAL ASSETS

CASH ON HAND/IN BANK:

PUBLICLY QUOTED INVESTMENTS:

PRIVATE INVESTMENTS

CASH VALUE OF LIFE INSURANCE:

RECEIVABLES:

MARKET VALUE OF HOUSE:

OTHER PROPERTY:

CAR(S):

OTHER ASSETS:

TOTAL ASSETS:

NOTES:

BANKER'S NAME:

BANKER'S ADDRESS:

PERSON TO CONTACT AT BANK:

PERSONAL LIABILITIES

PERSONAL LOANS:

CURRENT MORTGAGE BALANCE ON HOUSE:

CURRENT MORTGAGE BALANCE ON OTHER PROPERTY:

BANK OVERDRAFT:

LEASING:

OTHER LIABILITIES:

PERSONAL GUARANTEES:

TOTAL LIABILITIES:

NOTES:

SOLICITORS NAME:

FIRM:

FIRM'S ADDRESS:

ARE YOUR BANKERS AWARE OF YOUR INTENTIONS WITH REGARD TO MUNCH? ☐ YES ☐ NO

ARE YOU ABLE TO COMMIT A MINIMUM OF \$200,000 TO THE VENTURE FROM YOUR OWN RESOURCES? ☐ YES ☐ NO

IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO FINANCE THE BALANCE REQUIRED?



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MONTHLY INCOME

SALARY/WAGES:

BONUSES/COMMISSION:

DIVIDENDS AND BANK INTEREST:

RENTAL INCOME:

OTHER INCOME:

TOTAL ASSETS:

MONTHLY EXPENSES

RENT/MORTGAGE:

FOOD/HOUSEHOLD:

INCIDENTALS:

CAR LOANS:

OTHER LOANS:

PENSION/MEDICAL:

CREDIT CARDS:

OTHER EXPENDITURE:

TOTAL EXPENSES:

AMOUNT OF CASH AVAILABLE FOR INVESTMENT IN THE NEW BUSINESS:

SOURCE OF FUNDS: ☐ SAVINGS ☐ OTHER ☐ BANK LOAN

REQUIRED MONTHLY INCOME:

DOES YOUR SPOUSE/PARTNER CONTRIBUTE TO THE HOUSEHOLD? ☐ YES ☐ NO

PERSON REFERENCES (RELATIONS ARE NOT ACCEPTED AS PERSONAL REFEREES) *PLEASE PROVIDE 2

NAME:

ADDRESS:

TELEPHONE:

NAME:

ADDRESS:

TELEPHONE:

BUSINESS/TRADE REFERENCES *PLEASE PROVIDE 2

NAME:

ADDRESS:

TELEPHONE:

LENGTH OF BUSINESS ASSOCIATION:

NAME:

ADDRESS:

TELEPHONE:

LENGTH OF BUSINESS ASSOCIATION:



Franchise Application Form

YOUR ACCOUNTANTS DETAILS

NAME:

FIRM:

ADDRESS:

BUSINESS EXPERIENCE (BEGINNING WITH THE MOST RECENT)

FROM:

TO:

COMPANY NAME:

POSITION:

BRIEF DESCRIPTION OF FIRM'S ACTIVITIES:

FROM:

TO:

COMPANY NAME:

POSITION:

BRIEF DESCRIPTION OF FIRM'S ACTIVITIES:

FROM:

TO:

COMPANY NAME:

POSITION:

BRIEF DESCRIPTION OF FIRM'S ACTIVITIES:

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MUNCH PERSONNEL ONLY

1.

2.

3.