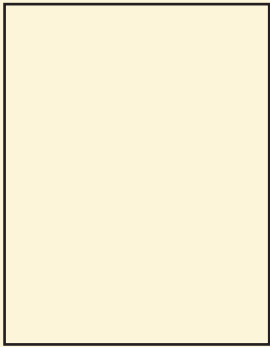




## Franchise Application Form



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:



## Franchise Application Form

### 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



## Franchise Application Form

### 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?



## Franchise Application Form

MONTHLY INCOME	MONTHLY EXPENSES
SALARY/WAGES:	RENT/MORTGAGE:
BONUSES/COMMISSION:	FOOD/HOUSEHOLD:
DIVIDENDS AND BANK INTEREST:	INCIDENTALS:
RENTAL INCOME:	CAR LOANS:
OTHER INCOME:	OTHER LOANS:
	PENSION/MEDICAL:
	CREDIT CARDS:
	OTHER EXPENDITURE:
<b>TOTAL ASSETS:</b>	<b>TOTAL EXPENSES:</b>

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:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:

### BUSINESS/TRADE REFERENCES \*PLEASE PROVIDE 2

NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
LENGTH OF BUSINESS ASSOCIATION:	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.