



Franchise Application Form

*Information provided will be treated with the **strictest confidence**.*

APPLICANT DATA

A. INDIVIDUAL APPLICANT (INDIVIDUAL WHO WANTS TO BUY THE FRANCHISE)

Name: Mr/Mrs/Ms _____ Year of birth: _____

Nationality: _____ Marital Status: _____

Telephone: (h) _____ Telephone: (o) _____

Email: _____ Fax: _____

Address in Resident Country:

Highest Academic / Professional Qualification:

Present Occupation / Business engaged in:

Employer's Name / Name of own Business:



B. CORPORATE APPLICANT (COMPANY THAT WANTS TO BUY THE FRANCHISE)

If Company is new or does not have business or financial track record, please complete Part A above using information pertaining to the principal partner.

Name of Company / Business:

Country of Incorporation / Registration: _____

Address in Resident Country:

Telephone(s): _____ Fax: _____

Email/Website: _____

Year of Incorporation: _____ Incorporation No. (if any): _____

Entity Type: *Private Limited / Public / Partnership / Sole Proprietorship / Others

Please specify for others: _____

Capitalisation (Paid-Up): US\$/RM _____

Previous Financial Year's Sales Turnover: US\$/RM _____ FY (_____ to s _____)

Shareholding Structure:

Please indicate names of individuals and/or companies and percentage of shares held.

Name of intended Managing Principal (*person who will manage the franchise*):

Age: _____ Marital Status: _____ Nationality: _____

Current Occupation or Designation within Company



OTHER INFORMATION

1. Amount of funds available to invest in the business: US\$ / RM _____

2. Main source of funds: *Internal / External (eg. banks)

3. Which type of franchise are you interested to obtain?

*Single Unit / Multiple Units/ Country Master / Area Master (ie. part of a country)

4. In what country(s)/territory(s) do you plan to operate the franchise?

5. How familiar are you with franchising? *Very / Fairly / Little / Not

6. Have you operated a franchise business before? *Yes / No

If yes, please state

Franchise Name: _____

Country of Origin: _____

Nature of Business: _____

Period of Franchise: _____

7. How familiar are you with the operation of a food & beverage business?

*Very / Fairly / Little / Not

8. Have you operated a food & beverage business before? *Yes / No

If yes, please state

Description of Business: _____

Location of Business: _____

Period of Operation: _____

9. Do you presently own or rent premises which may be suitable for operating a restaurant? *Yes / No

Location: _____

Monthly rent (if leased): US\$ / RM _____

10. Briefly, what are your reasons for wanting to acquire the SSR franchise?



11. Name some strengths that you think will make you a good franchisee.

12. Other relevant information:

* Delete where not applicable

DECLARATION

I certify that all information provided herewith is true and accurate to the best of my knowledge. I understand that should any of the above information prove to be false, my application for the SSR franchise will be terminated immediately.

Signature

Company Stamp (*for corporate applicant*)

Position (*For corporate applicant*)

Date



Reply address:

Attention: (Mr./Ms.),(Franchise Manager)

ATFAH SDN BHD

Address

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Email: