

# Confidential Franchise Pre-Qualification Form

E: erika.monastrial@gmail.com

This is not an application. The purpose of this form is for you to provide general information to help evaluate your qualifications for the franchise you are applying for. If you qualify and a mutual interest develops, the Franchisor will request for additional information at that time. This form should be completed by each proposed partner. Please print or type your answers. You may attach additional pages if necessary. Please answer all questions.

**Franchise Brand:** \_\_\_\_\_**Date of Application:** \_\_\_\_\_ **Reference No.:** \_\_\_\_\_

## PERSONAL DATA

_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Tax ID No.	SSS Number		
_____	_____	_____	_____	_____	_____	_____
Birth Date	Age	Gender	Mobile No.	Tel. No.	Fax No.	Email Address
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	_____	_____		
			Height	Weight		
_____			_____	_____	_____	_____
Current Address			Zip Code	Years of Residence		
_____			_____	_____	_____	_____
<input type="checkbox"/> Provincial Address	<input type="checkbox"/> Previous Address		Zip Code	Years of Residence		
_____		_____	_____	_____		
Full Name of Spouse		Birth Date	Age	Occupation		
_____						

Names and Age of Dependent / Independent Children or Other Dependents

## APPLICANT'S FRANCHISE PLAN

I am interested in this franchise because:

\_\_\_\_\_

Amount of Capital available for this business:

Source of Capital:  Salary  Savings  Partner  Loan  Others: \_\_\_\_\_

The type of store that I plan to operate is: \_\_\_\_\_

Type of space: \_\_\_\_\_ Actual size: \_\_\_\_\_

Other details applicable: \_\_\_\_\_

Area/Location/Territory of application: \_\_\_\_\_

Would you consider other areas?  No  Yes - What Area/s? \_\_\_\_\_

Will the franchise be owned and operated by yourself or a group?

I plan to operate the franchise business as:

- An individual  Active: will be directly involved in management/operation  
 With partners  Will be behind the scenes

If with partners, state the name of all your partners, or incorporators if under a corporation:

\_\_\_\_\_

## BUSINESS EXPERIENCE (IF APPLICABLE)

Do you own a business currently?     Have been in business for yourself?     No business experience

If you are or have been a business owner, please provide the following details:

Type of Business:

Trade Name or Company Name:

Address:

Position/Title/Duties:

Percentage of Ownership/Capitalization:

Dates of Business Establishment (indicate from-to period):

Status of Business:     Operational/Active     Closed/Inactive

If closed or inactive, state reasons why:

## EMPLOYMENT EXPERIENCE (IF APPLICABLE)

Operational/Active     Closed/Inactive

Name of Employer:

Address:

Position/Title/Duties:

Dates of Employment (indicate from-to period):

Person Reporting Directly To/Title:

If employed from the past, state reason for separation:

Starting Salary:     Ending Salary:

You may attach your resume for additional information.

## EDUCATIONAL BACKGROUND

Name of School	Dates of Attendance	Course	Date Graduated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PHYSICAL CONDITION

General Physical Condition     Date of Physical Exam

Attending Physician

List any impairments or chronic illnesses which may preclude certain types of activities

Please explain

## STRICTLY CONFIDENTIAL FINANCIAL STATEMENTS

### ASSETS

Cash on Hand:     Savings in Bank:

Bank Account/s:

Life Insurance:

Stocks and Bonds:

Real Estate:

Automobile/Vehicles:

Other Assets, enumerable:

## INCOME

Year	<input type="text"/>	State None or N/A if Not Applicable:
Earned (salary, commissions, fees, etc.) .....	Php	<input type="text"/>
Interests & Dividends Received .....	Php	<input type="text"/>
Rents Received .....	Php	<input type="text"/>
Other Income/s:		
<input type="text"/>	Php	<input type="text"/>
<input type="text"/>	Php	<input type="text"/>
<input type="text"/>	Php	<input type="text"/>
<input type="text"/>	Php	<input type="text"/>
<input type="text"/>	Php	<input type="text"/>
<input type="text"/>	Php	<input type="text"/>
Gross Income		<input type="text"/>

## REFERENCES

Please list professional and character references (Name-Address-Phone No.-Fax No.)

  
  

Please list credit references (Name-Address-Phone No.-Fax No)

  
  

Please list bank references (Name-Address-Checking Account/Savings Account/Others)

  
  

## CONTINGENCIES

Do you have any contingent liabilities?  Yes  No If so, please enumerate:

Are any of your assets pledged?  Yes  No If so, please enumerate:

Have you ever taken bankruptcy?  Yes  No Are you defendant in any lawsuits or legal action?  Yes  No

In submitting the foregoing statement, the undersigned guarantees its accuracy with the intent that it be relied upon granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk.

Also, the undersigned expressly agrees to immediately notify the franchisor or its agents in writing of any material change in his/her financial condition - whether an application for further credit is made or not. In the absence of such written notice, it is expressly agreed that the franchisor or its agents in granting a franchise or credit may rely on this statement as having the same force and effect; as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date:

Signed:

Signature over Printed Name