

Each of the undersigned understands that Wrap & Roll is relying on this information in rendering a decision to grant a franchise. Each of the undersigned warrants the information to be true and correct. Any alterations to this information will be made in written notice. Wrap & Roll is authorised to verify the accuracy of all statements made here in.



FRANCHISE APPLICATION FORM

This is not a contract and does not obligate you or Wrap & Roll in any manner. Wrap & Roll will hold all information provided in strict confidence for the exclusive use in rendering a decision on granting of our franchise license. The primary owner customarily completes this application and submits a copy of his or her resume and financial statement for each partner.

PERSONAL DATA

MOBILE NO	:	
EMAIL ADDRESS	:	

PERSONAL PARTICULARS

Full Name : _____
 (As in NRIC)

Address : (Present) _____

(*Previous) _____

* If present address is less than 5 years.

Tel (Home) : _____	Tel (Office) : _____
NRIC No. : _____	Date of Birth : _____
Nationality : _____	Sex : _____
Marital Status : _____	Race : _____

Highest Education Level Attained : _____

Awards/Professional Qualifications : _____

SCHOOL ATTENDED	FROM	TO	HIGHEST LEVEL PASSED

BUSINESS EXPERIENCE

Self -> Currently Employed? Yes No

Name of Employer (or last employer) & Type of Business

Business Address	Your Position	Date of Employment

Please describe your responsibilities:

Name of the next most recent Employer & type of Business:

Please describe your responsibilities:

***Spouse** -> Currently Employed? Yes No

Name of Employer (or last employer) & Type of Business

Business Address	Position	Date of Employment

Please describe your responsibilities:

Name of the next most recent Employer & type of Business:

Please describe your responsibilities:

* To be completed only if spouse is a partner in the business.

FRANCHISE INTEREST

Which of Wrap & Roll's franchise business are you interested in?

How did you become interested in the franchise?

What prior experience has prepared you for ownership of the franchise?

What are your major concerns about franchising?

1. _____
2. _____
3. _____
4. _____

In what area would you prefer to locate your franchise?

Choice #1 _____
 Choice #2 _____
 Choice #3 _____

SPECIFIC DATA

Who would be the full time operating owner/partner in your store?

Please outline potential ownership arrangements, listing yourself first:

<u>Owner/Partner</u>	<u>Ownership</u>	<u>Amount Available For Investment</u>
Name : <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
D.O.B : <input style="width: 50px;" type="text"/> NRIC: <input style="width: 100px;" type="text"/>		Active: <input style="width: 20px;" type="checkbox"/> Passive: <input style="width: 20px;" type="checkbox"/>
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		Total: \$ <input style="width: 150px;" type="text"/>