



Territory: _____

Franchise Application Form

Title

Forename(s)

Surname

Address:

Mobile Tel. No. ____ Email :

PERSONAL INFORMATION:

Date of Birth:

Marital Status:

Race:

Nationality:

Sex:

Number of Dependents:

EDUCATION:

State your educational experience, including name and location of schools, years completed and degrees earned.

SCHOOL ATTENDED	FROM	TO	HIGHEST LEVEL PASSED

BUSINESS EXPERIENCE (If you are self-employed, please tick here)

Present Occupation:

Name of Company:

Address: _____ Tel. No

Your responsibilities:

Wrap & Roll shall 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.



May we contact you at your business? () YES ()NO

References

Please provide details of two business references. (No contact will be made until we have any mutual agreement to your entering our extended licensing programed.)

Referee 1

Name:

Address:

Email:

Relationship:

No. of year's acquaintance:

Referee 2 Name:

Address:

Email:

Relationship:

No. of year's acquaintance:

BUSINESS INTEREST:

To what extent will you be actively involved in the day-to-day operations of the franchised branch?

What percent of the equity of this franchise business will you own?

What amount of cash will you personally invest in this franchise? \$

What will be the source of these funds?

Do you currently have an interest in any restaurant / food business or any other business ventures? (If so, please describe)

What are your location preferences?

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Have you been a customer in **Wrap & Roll**? ()Yes () No

If Yes. How many times and what product do you order often?

What do you think are the reasons why customers come to **Wrap & Roll**?

What are your expectations in the **Wrap & Roll** Franchise? Financials and others.

What of your background will assist you manage successfully the **Wrap & Roll** Franchise?

Will you and your family completely depend on the income of **Wrap & Roll** Franchise? () Yes (X)No

If yes, what is your income expectation? _____

If No, what are the other sources of family income? My own business

Who are the immediate markets you can think of for your franchised branch?

When could you start operating your own franchise? _____

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Have you ever been involved in a business failure? Please provide details;

FINANCIAL INFORMATION:

Bank/Credit References	Contact Person	Telephone No.
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Assets (Real Estate, Stocks/Bonds, Insurances)	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Loans / Liabilities	Amount
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Sources of Income	Yearly Amount
<hr/>	<hr/>
<hr/>	<hr/>

ADDITIONAL INFORMATION

Have you ever been convicted of any crime involving moral turpitude?

Yes () No ()

If yes, please state nature and status _____

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PLEASE READ AND SIGN:

I hereby represent that all of the above answers are true and correct to the best of my knowledge and belief. I recognize **Wrap & Roll Vietnam**, is not in any way obligated to offer a franchise to me because of our execution of this document. I understand that any false statement on this application shall be considered sufficient cause to deny further consideration. I understand that any inquiry regarding my character, personal characteristics and financial background maybe conducted as a result of information required by **Wrap & Roll system**.

Printed Name: _____

Signature: _____ Date: _____

Please email accomplished Franchise Application Form to:

Trung.cao@wrap-roll.com

Thank you.

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