



Franchise Application Form

PERSONAL DETAILS

First Name: Middle Names:

Surname: Nationality:

I.D. Number: Marital Status:

Residential Address:

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Postal Address:

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..... Postal Code:

Tel (Work): Telephone (Home):

Tel (Cell): E-Mail:

BUSINESS RELATED DETAILS

Preferred Location Site:

What is the available non-borrowed amount you have at your disposal for set up of a possible store?

Amount: When will you be able to begin trading?

Who will operate the store?

How much time will you dedicate to the business?

Will you employ a qualified & experienced Full / Part-time Manager? Yes No

Do you have an experience in the food industry? Yes No

If Yes, please describe where, when & for how long:

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I the undersigned hereby certify that all the information supplied on this questionnaire is true & accurate

Signature of Applicant