

mads

FRANCHISE APPLICATION FORM

FOR OFFICIAL USE ONLY	
Ref No	
Date Received	
Territory of Interest	
Remarks	

FRANCHISE APPLICATION FORM

Thank you for your interest in this franchise opportunity. As part of the application process, please complete and return this form by email (business@mdscollections.com). All information will be kept strictly confidential.

For Individual Applicants:

- This refers to applicants who are applying for the franchise on an individual basis and plans to incorporate a new business entity (unrelated to your existing business, if any) to manage the franchise business.
- Such applicants are to complete **Section 1A, Section 1C (for applicants who are existing business owners), Section 2 and Section 3.**

For Corporate Applicants:

- This refers to applicants who are applying for the franchise on behalf of their company and plans to manage the franchise business under the existing company or a new subsidiary/related company.
- Such applicants are to complete **Section 1B, Section 1C, Section 2 and Section 3.**

SECTION 1A: INDIVIDUAL APPLICANT'S PERSONAL DETAILS

Applicant's name: *(Mr/Mrs/Miss/Mdm)

Address:

Contact number:

Email:

Present *occupation / business engaged in:

If you are a business owner, please provide the name of your company:

* Please delete where applicable

Please attach a copy of your CV. If you are an existing business owner, please proceed to Section 1C to fill in details about your business. If not, please proceed to Section 2.

SECTION 1B: CORPORATE APPLICANT'S DETAILS

Name of Applicant Company:

Name of contact person: *(Mr/Mrs/Miss/Mdm)

Designation:

Contact number:

Email:

* Please delete where applicable

Please proceed to Section 1C to fill in details about your business.

SECTION 1C: COMPANY/BUSINESS DETAILS:

Company registered address:

City:

Country:

Company website:

Business type:

-
- Private & limited liability
-
-
- Public & limited liability

-
- Partnerships
-
-
- Others (please specify):

Country of incorporation:

Year of incorporation:

Company registration number:

Paid-up capital:

Types of business activities and countries where the company is operating in:

Current Staff Strength:

 1 to 50 51 to 200 Above 200**Corporate structure:** Please list the top 3 shareholders according to the % of shares held:

<u>Name of Individual or Company</u>	<u>Country of Incorporation (if applicable)</u>	<u>Shareholding (%)</u>
(1)		
(2)		
(3)		

Companies wholly or partly owned by Company:

<u>Name of Company</u>	<u>Country of Incorporation</u>	<u>Shareholding (%)</u>
(1)		
(2)		
(3)		

Corporate financials:

Year	FY: 20__	FY: 20__	(Latest FY) 20__
Total Revenue (Currency: _____)			
Pre-tax Profit or Loss (Currency: _____)			

Will you be willing to disclose audited financial statements for the past 3 years if requested by the Franchisor for verification purposes?

Yes No

Please Proceed to Section 2

SECTION 2: FRANCHISE BUSINESS

How did you hear about the MDS franchise?

What are the key reasons behind your interest in the franchise?

What is your city/country of interest for the MDS franchise?

Please state the locations you have identified and deemed suitable to set up the first MDS outlet (approximately 800 sq ft).

<u>Address/Location</u>	<u>Outlet Size</u>	<u>Date of Availability</u>
(1)		
(2)		
(3)		

Please state below your funds available to invest in this franchise:

- Less than US\$250,000 US\$250,001 – US\$500,000
 US\$500,001 – US\$1 million Above US\$1 million

Source of funds:

- Retained Earnings/Personal Savings External Investor(s) Loan
 Others (please specify):

Will you be the key person involved in managing the franchise business?

- Yes No

If not, please state below the Key Person managing the franchise business:

Name of Key Person:

Relationship to Applicant (for Individual Applicants) / Designation (for Corporate Applicants):

Does the Key Person have any relevant experience to manage the franchise business?

- Yes No

If yes, please provide details:

Has the Key Person operated a franchise business before?

- Yes No

If yes, please provide the names of the franchise(s) and provide a description of it/them. Also specify if any of the franchises is still operating or has expired.

Any other relevant information:

Please include any other information that you think is relevant to your application.

SECTION 3: DECLARATION

Is the Key Person aware of any circumstances regarding health or capacity to work that might interfere with his/her ability to manage the franchise?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Has the Key Person or the Directors (for Corporate Applicants) ever been convicted of a criminal offence and/or is currently involved in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Has the Key Person or the Directors (for Corporate Applicants) ever been involved as a party (plaintiff/defendant) in any type of civil litigation and/or is currently involved in one?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Has the Key Person, the Company/Directors (for Corporate Applicants) or any companies which the Key Person has been a director in ever declared bankruptcy or became insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:

I declare that all information provided herein is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information may affect the outcome of this application. I understand and give consent for the Franchisor to use the above information as part of its process to evaluate my franchise application.

Signature

Name:

Date: