



FOOD CONCEPTS PLC

Franchise Application Form

* Completion of this document does not obligate either party in anyway whatsoever.

Personal Details

Surname:	<input type="text"/>	Date: of Birth:	<input type="text"/>
First Names:	<input type="text"/>	Age:	<input type="text"/>
Nationality:	<input type="text"/>	Marital Status:	<input type="text"/>
Passport No	<input type="text"/>	Identity No.	<input type="text"/>
Health:	<input type="text"/>	Drivers Licence:	<input type="text"/>

Contact Details

Residential Address:	<input type="text"/>	Code:	<input type="text"/>
Postal Address:	<input type="text"/>	Code	<input type="text"/>
Tel No	<input type="text"/>	e-mail	<input type="text"/>
Cell No	<input type="text"/>	Fax No	<input type="text"/>

Spouses Details

Passport No	<input type="text"/>
First Names	<input type="text"/>
Health	<input type="text"/>
If not Nigerian, do you have permanent residence?	
Number of dependants	<input type="text"/>
Ages:	<input type="text"/>

Brands Customers Love



ISO 22000:2018 Certified

Employment Details

Current Employer
(if employed)

Work Address

Work Phone Number #

Position Held

Number of years

Responsibilities:

Previous Employer:

Address:

Telephone #:

Position held:

Number of years:

Responsibilities:

* Please attach copies of the relevant identity documents to this application form.

Section 4 – Current Business

Are you interested in becoming an Extraordinary Franchisee? Yes/No

If you are active in business, how do you envisage operating your outlet (this is important-we need to establish what commitment you will have to your store)?

[Four horizontal text input fields for describing business operations]

Who (if anyone) will assist you in running the store?

[Two horizontal text input fields for listing assistance]

Do you have a specific site in mind? (Information in detail please)

[Two horizontal text input fields for site details]

Where (country and area/s) do you wish to operate your business?

[Two horizontal text input fields for location]

Give reasons for wishing to own this franchise?

[Three horizontal text input fields for reasons]

Postal Address:

[Text input field for postal address]

Code:

[Text input field for code]

Section 5 – Food Franchise Business

Are you currently involved in any other food franchise? Yes No

(If yes please state)

Percentage ownership: Years in business:

Product Sold:

*** ARE YOU RELATED IN ANY WAY TO ANY EMPLOYEE OR FRANCHISEE OF FOOD CONCEPTS, CHICKEN REPUBLIC OR ANY OF THE OTHER FOOD CONCEPTS QSR BRANDS?**

Yes / No (If yes please state)

Name and Surname

Company:

Position:

Location:

Section 6 – Financials

*** PLEASE NOTE: The Franchise joining fee payable is US\$25,000.00**

What capital can you make available:

How will you finance the balance of your venture?

If loan, what collateral and source?

Banking Details

Present Bankers

Current Account #:

Current Balance ₪ / \$

Details of Hire Purchase/Lease agreement (past and current)

Bank / Company:

Account #:

O/S Balance:

Have you ever been insolvent?

Yes

No

If yes, please give details

Section 7 – References

Trade References

1

Tel:

2

Tel:

3

Tel:

Personal References

1

Tel:

2

Tel:

3

Tel:

Declaration by Applicant

I HAVE COMPLETED THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING, AND CERTIFY THAT ABOVE IS TRUE AND CORRECT.

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SIGNED AT:

DATE:

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APPLICANT NAME (please print)

APPLICANT SIGNATURE

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CHECKED & APPROVED BY (please print)

SIGNATURE

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* Please attach copies of the relevant documents to this application form.

(TO BE COMPLETED BY EVERY PROSPECTIVE FRANCHISEE)

Site Survey

Kindly complete to the best of your ability and return by fax or post as soon as possible.

General Information

Site owned by self or company:

If company please state:

Other (please specify):

Size of location:

High population density	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Institutions and commercial establishments exist in the area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Residential and/or commercial area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Accessible and visible location	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High people traffic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High vehicle traffic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High level of social activity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Available/ easy Parking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Security	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Amenities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Existing building can be renovated at a reasonable cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the site meet the min space requirement of 150sqm excluding parking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regular electricity supply	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Generator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Borehole	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Water treatment plant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Drainage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Water supply	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments:

[Large area of horizontal lines for entering comments]

*Please note that site location is critical to the success of the business. Information provided should give a true and fair representation. This is for information purposes only.