

FRANCHISEE APPLICATION FORM

PERSONAL INFORMATION

(Please type or print neatly in ink)

Name: _____ (Surname) (First name) (Middle name)			Age
Residential Address (in full)			
Home Tel. No.	Fax No.	Email Address	Home Ownership Rented years Owned of stay
Marital Status	Citizenship	Tax Identification No.	
Date of Birth	Place of Birth	Residence Certificate No.	SSS No.
Name of Mother		Age	Occupation/Business
Name of Father		Age	Occupation/Business
If Married, Name of Spouse		Age	Occupation/Business
Names and Ages of Children			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Educational Background			
School	Address	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Is this the first time you're applying for an NSPIRE Franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, please give the details of previous application and applied Franchise Area.			

BUSINESS EXPERIENCE

(Please indicate business/es currently operating and those that are closed. If any within the last 5 years)

Present Business / Employment		Position		Years in Business
Business Address (<i>in full</i>)		Tel. No.	Fax No.	Email Address
Nature of business			Type of Business Ownership	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mktg. PR/Advertising	Single Proprietorship <input type="checkbox"/>		
<input type="checkbox"/> Food Restaurant	<input type="checkbox"/> Retail/Wholesale	Corporation <input type="checkbox"/>		
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Others	Others <input type="checkbox"/>		
Years in Operation	No. Of Branches	Annual Sales	Applicants Annual Income	
Total no. Of employees & Length of services _____		Describe the duties, responsibilities and number of employees directly supervised.		
<input type="checkbox"/> < 1 year		_____		
<input type="checkbox"/> > 5 years		_____		
<input type="checkbox"/> > 10 years		_____		
OTHER BUSINESS / EMPLOYMENT		EMPLOYMENT / BUSINESS INFORMATION		
(1) Name of Business / Name of Company: _____		(1) _____		
(1) Years in the Business / Company: _____		(2) _____		
(2) Name of Business / Name of Company: _____		(3) _____		
(2) Years in the Business / Company: _____		(4) _____		
(3) Name of Business / Name of Company: _____		(5) _____		
(3) Years in the Business / Company: _____		_____		
(4) Name of Business / Name of Company: _____		_____		
(4) Years in the Business / Company: _____		_____		
(5) Name of Business / Name of Company: _____		_____		
(5) Years in the Business / Company: _____		_____		

Does your business have any pending legal case in court? YES NO

If YES, Please provide details and court resolutions.

When and How your business starts?

In your current business, what are routine/regular problems that you attend to personally?

Identify major milestone/dvelopment in your business within five years (e.g. opening, expansion, renovation, etc.)

Have you ever had an unsuccessful business? YES NO

If YES, please provide details

How much time do you spend in your current business?
Daily basis (in terms of no. Of hours) _____
Weekly basis (in terms of no. Of days) _____

BUSINESS PLANS:

Which specific geographical area are you interested in?

Why are you the best candidate to manage the franchised branch in this area?

If you were granted a franchise, will you be directly involved in the operation? _____
Please describe nature and extent of participation.

If you were currently employed, how would you manage the franchised branch?

How much time can you spend in the management of the franchised branch?

Do you have any existing contractual/business affiliations that may limit your involvement in franchised branch? Please give the details

Do you currently own a Franchise Business? YES NO

If YES, Please state the Franchisor's name, address, nature of business and date granted

Do you have any pending application for other franchise? YES NO

If YES, Please indicate details of your application.

SOCIO-CIVIC Affiliations

Membership in Socio-civic organizations (*Please indicate name and address of organization*)

Name	Address	Position	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What was your personal contribution/s to the organization in the past two years?

Please indicate personal/business gains you got from joining the organizations.

REFERENCE

Bank/Credit Reference (*Please indicate contact person/s where account are held*)

Name	Address	How long known	Tel. No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	How long known	Tel. No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION

ASSETS		LIABILITIES	
Cash Available	_____	Note payable to Banks	_____
Accounts and Loans Receivable	_____	Notes payable to Others	_____
Notes Receivable	_____	Loans	_____
Stocks and Bond	_____	Interest Payable	_____
Real Estate	_____	Mortgages	_____
Other Assets	_____	Other Liabilities	_____
Total Assets:	_____	Total Liabilities:	_____
Net Worth (<i>Total Assets minus Total Liabilities</i>) _____			

I hereby certify that the above information supplied to NSPIRE Franchising Corp, Franchisor of NSPIRE Inc. on my Franchisee Information Form dated _____ is true and correct as of the date stated.

Franchisee's Signature

Spouse's Signature

Signature over printed name

Signature over printed name

Date: _____

Date: _____