



Good Burger | Good Place | Good Times

Crave Burger Restaurant Franchise Corporation
 5389 Gen. Luna St., Brgv. Poblacion. Makati City

CONFIDENTIAL FRANCHISE Application FORM

The purpose of this form is for you to provide Crave Burger Restaurant Franchise Corporation. ("Franchisor") general information to help evaluate your qualifications for a **Crave Burger Restaurant** franchise. This is a pre-qualification sheet. If you qualify and a mutual interest develops, the Franchisor may request for additional information at that time. **This form should be completed by the MAIN PROPONENT or PARTNER.** Please print or type your answers. You may attach additional pages if necessary to provide complete answers. Please answer all questions.

Date of Application: _____

Reference No.: _____

PERSONAL DATA

Last Name		First Name		Middle Name	
Tax Identification (TIN#)		Social Security Services (SSS#)		Community Tax Certificate (CTC#)	
Home Phone No.	Office Phone No.	Mobile Phone No.	E-mail Address		
Birth Date	Age	Sex	Height	Weight	Civil Status
Current Address/Zip Code				Years of Residence	
Previous Address				Years of Residence	
Full Name of Spouse			Occupation of Spouse		
Names and Ages of Dependent Children or Other Dependents					

FRANCHISE/BUSINESS PLAN

I am interested in Crave Burger Restaurant franchise because:	
1)	_____
2)	_____
3)	_____
I plan to operate a:	
<input type="checkbox"/> SOLO OR EXPRESS	(15-20sqm. minimum) _____
Desired area or location to propose:	

Would you consider other area? <input type="checkbox"/> NO <input type="checkbox"/> YES – What Area/s?	
I plan to operate the franchise business as:	
<input type="checkbox"/> an individual	<input type="checkbox"/> active: will be directly involved in management/operation
<input type="checkbox"/> with partners	<input type="checkbox"/> passive: will be behind the scenes
If with partners, state the name of your company, and all your partners or incorporators:	
Amount of capital available for this business:	
Source of capitalization:	

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

BUSINESS OR PROFESSIONAL EXPERIENCE

Do you have a business/have been in business? []			or currently employed? []			or both? []		
Name of Company:								
Address:								
Position								
Duties								
Percentage of Ownership/Capitalization (if owned) OR Prevailing Salary (if employed)								
Dates of Business Establishment (if owned) OR Dates of Employment (indicate from-to period)								
Person Reporting Directly To/Position								
Status of Business (if owned) OR Employment (if employed):			Operational/Active []			Closed/Inactive []		
If closed or inactive, state reasons why:								
* PLS. ATTACH YOUR RESUME FOR ADDITIONAL INFORMATION * RESUME ATTACHED []								

PHYSICAL OR HEALTH CONDITION

General Physical Condition	Date of Last Physical Exam	Name of Attending Physician
List any physical impairments or chronic illnesses which may preclude certain types of activities		
Please explain		

CONFIDENTIAL FINANCIAL STATEMENTS

ASSETS
Cash on Hand (unrestricted in banks)
Bank Accounts (name of banks and branches)
Life Insurance
Stocks and Bonds
Real Estate
Automobile/Vehicles
Other Assets, Enumerable:

INCOME STATEMENTS

Year _____	State None or N/A if Not Applicable
Earned (salary, commissions, fees, etc.)	Php _____
Interests & Dividends Received	Php _____
Rents Received	Php _____
Other Income	Php _____
_____	Php _____
_____	Php _____
_____	Php _____
_____	Php _____
Gross Income	Php _____

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REFERENCES

Please list three professional and character references (Name-Address-Phone No.-Fax No.)
1. _____
2. _____
3. _____
Please list three Credit References (Name-Address-Phone No.-Fax No)
1. _____
2. _____
3. _____
Bank References (Name-Address-Checking Account/Savings Account/Others)
1. _____
2. _____
3. _____

CONTINGENCIES

Do you have any contingent liabilities? _____	Are any of your assets pledged? _____
Have you ever taken bankruptcy? _____	Are you defendant in any law suits or legal action? _____

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In submitting the foregoing statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify *CRAVE BURGER RESTAURANT FRANCHISE CORPORATION*. immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that *CRAVE BURGER RESTAURANT FRANCHISE CORPORATION* in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date: _____

Signed: _____

Signature over Printed name

This portion to be completed by authorized Crave Burger Restaurant Franchise Corporation only

REMARKS

If applicable, pls. refer to the attached interview notes for more details

Evaluated by:

Signature:

Date: