­FRANCHISE APPLICATION FORM

Confidential

This application does not obligate either party in any manner.

Privacy Policy

All information provided is kept confidential and

will not be disclosed except for purposes of verification

pRIMARY CONTACT information

|  |  |  |
| --- | --- | --- |
| FIRST NAME LAST NAME DATE OF APPLICATION | | |
| CURRENT ADDRESS | PHONE NUMBER | EMAIL |
| DATE OF BIRTH |  | Citizen or Permanent Resident of which country |

EDUCATION

|  |
| --- |
| QUALIFICATIONS INSTITUTE NAME DATE |
| PLEASE DESCRUIBE ANY TRAINING IN SALES, RETAIL OR MANAGEMENT |

CURRENT BUSINESS OWNERSHIP/EMPLOYMENT EXPERIENCE

|  |  |  |
| --- | --- | --- |
| PRESENT OCCUPATION/POSITION | | |
| COMPANY | ADDRESS | MANAGER/ PARTNER NAME(S) |
| PLEASE DESCRIBE REPONSIBILITIES AND NUMBER OF EMPLOYEES SUPERVISED | | |

PREVIOUS BUSINESS OWNERSHIP/EMPLOYMENT EXPERIENCE (If applicable, list most relevant/recent retail or hospitality experience)

|  |  |  |
| --- | --- | --- |
| PREVIOUS OCCUPATION/POSITION | COMPANY | YEARS OF TRADE/EXPERIENCE |
| ADDRESS | PARTNER NAMES | IS THE COMPANY STILL OPERATING? YES NO  DO YOU STILL HAVE A FINANCIAL. YES NO  INTEREST? |
| PLEASE DESCRIBE REPONSIBILITIES AND NUMBER OF EMPLOYEES SUPERVISED | | |
| REASON FOR LEAVING | | |

## APPLICANT’S FRANCHISE BUSINESS PLAN

|  |  |
| --- | --- |
| BUSINESS ENTITY NAME: DATE OF ESTABLISHMENT: | |
| TYPE OF BUSINESS: | PRODUCTS/SERVICES: |
| PLEASE EXPLAIN OWNERSHIP STRUCTURE/ SHAREHOLDERS OF THE FRANCHISE BUSINESS: | |
| WILL YOU BE ACTIVE IN THE BUSINESS FULL TIME? ACTIVE PASSIVE | |
| AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS: | |
| IN WHICH GEOGRAPHICAL AREA WOULD YOU LIKE TO OPERATE VJFB | WOULD YOU CONSIDER ANY OTHER AREA? |
| WHAT ROLE DO YOU FORESEE TAKING IN THE FRANCHISE BUSINESS | HAVE YOU VISITED A VJFB RESTAURANT? IF YES, WHICH ONE: |

## THE MANAGEMENT TEAM

*Give A Complete Record of Your Positions, Contact Information, and Responsibilities within the Organisation.*

|  |  |
| --- | --- |
| Person 1 | |
| full name: | |
| POSITION TITLE AND DUTIES: | |
| phone number: | email: |
| address: | LENGTH OF service TO THE COMPANY: |
| Person 2 | |
| full name: | |
| POSITION TITLE AND DUTIES: | |
| phone number: | email: |
| address: | LENGTH OF service TO THE COMPANY: |
| Person 3 | |
| full name: | |
| POSITION TITLE AND DUTIES: | |
| phone number: | email: |
| address: | LENGTH OF service TO THE COMPANY: |

### CONFIDENTIAL FINANCIAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Date | |
| ASSETS | | LIABILITIES AND NET WORTH | |
| Unrestricted Cash |  | Loans/notes/accounts payable |  |
| Vested profit sharing |  | Real estate mortgages |  |
| Securities, Bonds |  | Other debts or obligations |  |
| Notes, accounts & mortgage receivable |  |  |  |
| Real Estate (current market value) |  |  |  |
| Other Assets |  |  |  |
| TOTAL ASSETS |  | TOTAL LIABILITIES & NET WORTH |  |

In submitting the foregoing application and statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a FRANCHISE 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 VJFB Worldwide Franchise BV immediately in writing of any material change in his/her financial and in the absence of such written notice, it is expressly agreed that VJFB Worldwide Franchise BV in granting a FRANCHISE may rely on this statement as having the same force and effect.

All information derived from the above shall be kept confidential and be used by VJFB Worldwide Franchise BV for internal evaluation purposes only.

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.

|  |  |  |
| --- | --- | --- |
| Name | Date | Signature |