



Franchise Application Form

(This application form does not obligate either party in any manner)

PERSONAL:

Name _____

Address _____

Telephone Number _____ Mobile Number _____

Email _____ Marital Status _____ Age _____

Highest Academic/Professional Qualification Attained

Employment Record:

Period	Name of Employer	Position

If currently self-employed, please specify nature of business:

PREVIOUS EXPERIENCE:

Do you have any previous experience in the service industry?

___ Yes ___ No

If yes, please provide details:





Do you have any previous experience in operating a franchise business?

___ Yes ___ No

If yes, please provide details:

GENERAL QUESTIONS:

To what extent will you be actively involved in the day-to-day operations of the Franchise branch?

What percent of the equity of this franchise business will you own? _____%

What amount of cash will you personally invest in this franchise? _____

What will be the source of these funds? _____

What are your location preferences?

Have you been a customer in **MANILA HEARING AID**? ___Yes ___No

If Yes, how many times have you visited and what products do you avail often?

What do you think are the reasons why customers come to **MANILA HEARING AID**?

Will you be able to manage your employees? If so, how will you do it?





MANILA HEARING AID

The Pioneer in Hearing Care since 1976

Hear Life's Special Moments

What will make you a successful **MANILA HEARING AID** Franchisee?

What are your expectations in the **MANILA HEARING AID** Franchise? Financials and others.

What of your background will assist you manage successfully the **MANILA HEARING AID** Franchise?

What experience have you had in following systems and procedures?

What to you is an OPEN COMMUNICATION?

When you encounter difficulties in your **MANILA HEARING AID** Franchise in the future, what will be your plan of action?

Will you and your family completely depend on the income of **MANILA HEARING AID** Franchise? _____
Yes _____ No

If Yes, what is your income expectation? _____

If No, what are the other sources of family income? _____

When could you start operating your own franchise? _____





FINANCIAL INFORMATION:

Will you have partners in this business? Yes () No ()

If yes, who are these partners and how much will they invest in the franchise?

Will your partners be active in this business and in what capacity? Will they be working part time or full time in the business?

Bank References:

Name of Bank	Contact Person	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Income Statement

Assets (Real Estate, Stocks/Bonds, Insurances)	Value
_____	_____
_____	_____
_____	_____

Loans / Liabilities	Amount
_____	_____
_____	_____
_____	_____





Sources of Income

Yearly Amount

_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION:

Have you ever been convicted of any crime involving moral turpitude?

Yes () No ()

If yes, please state nature and status _____

Is there any pending suit, whether civil or criminal, of which you are a party?

Yes () No ()

If Yes, please state nature and status _____

