

FRANCHISEE APPLICATION FORM

1. Name of the Company.....
2. Major product or Service.....
3. Commercial Register Number & Date.....
4. Legal entity
5. Date Founded..... Name of Founder.....
6. Address:
 - City..... Street..... Bldg.....
 - P.O. Box..... Telephone.....
 - Fax..... E-mail.....
 - Website (if available).....
 - Chief Executive.....
 - Name of contact person..... Mobile Phone.....
7. Duration of the franchise agreement
8. Please indicate the following concerning the franchise agreement:
 (*Please use additional sheet if necessary*)

Name of franchisor	Nationality	Brand (s)	Area covered

8. Are you interested in acquiring any new franchises? Yes No

If yes, please indicate the following:

(Please use additional sheet if necessary)

Type of product or service desired	Preference as to the country of origin

Name Title.....

Signature..... Date.....

N.B. The information included in this Application Form will be treated with strict confidentiality

Recommendation of the Admission Committee

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Decision of the Board:

..... Date.....