

ASSOCIATE MEMBER 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. Brands / Trademarks.....
8. Registration of Brands/Trademarks:
 (Please use an additional sheet if necessary)

Brand/ Trademark	Number of Registration	Date of Registration



9. The Concept

Please indicate in brief the evolution of your concept towards franchising and what the Franchise Concept covers:

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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.....