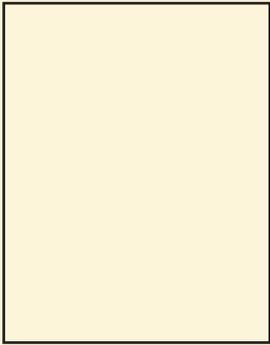




Franchise Application Form



PLACE PASSPORT PHOTO HERE

APPLICANT(S) DETAILS

FULL NAME AS IN NRIC (UNDERLINE SURNAME):

DATE OF BIRTH: NRIC: GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED

NAME OF SPOUSE/PARTNER:

ADDRESS:

DURATION OF RESIDENCE AT THIS ADDRESS: TYPE OF RESIDENCE: RENTED OWNED

EMAIL ADDRESS:

TELEPHONE (HOME): TELEPHONE (WORK): FAX:

HAVE YOU EVER BEEN SELF-EMPLOYED? NO YES (PLEASE STATE REASON):

HAVE YOU OR ARE YOU SUFFERING FROM ANY ILLNESS OR DISABILITY? YES NO

IF YES, PLEASE SPECIFY THE ILLNESS OR DISABILITY THAT YOU ARE SUFFERING FROM:

HAVE YOU EVER BEEN DECLINED LIFE ACCIDENT OR HEALTH INSURANCE? YES NO

IF YES, PLEASE STATE REASONS:

HAVE YOU EVER BEEN CONVICTED OF ANY CHARGE OTHER THAN A MINOR TRAFFIC OFFENCE? YES NO

IF YES, PLEASE STATE THE NATURE OF YOUR CONVICTION:

ARE THERE ANY OUTSTANDING CHARGES AGAINST YOU? YES NO

IF YES, PLEASE STATE THE CHARGES:

EDUCATIONAL PROFILE

WHAT AGE DID YOU LEAVE SCHOOL: NAME OF YOUR LAST SCHOOL:

DID YOU ATTEND COLLEGE/HIGHER EDUCATION: YES NO FROM: TO:

NAME OF INSTITUTION:

HIGHEST QUALIFICATION ACHIEVED:



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BACKGROUND INFORMATION:

HOW DID YOU HEAR ABOUT THE MUNCH FRANCHISE?

HAVE YOU EVER VISITED ANY OF THE MUNCH STORES? YES NO

DO YOU PERSONALLY KNOW ANYONE INVOLVED IN THE COMPANY? YES NO

DO YOU KNOW ANY OF OUR FRANCHISE PARTNERS? YES NO

ARE YOU WILLING TO DEVOTE YOUR FULL TIME AND ATTENTION TO THE PROPOSED OPERATION? YES NO

IF NO, PLEASE STATE REASONS:

WHERE WOULD YOU LIKE TO LOCATE YOUR MUNCH BUSINESS?

FIRST CHOICE:

SECOND CHOICE:

THIRD CHOICE:

WHAT SIZE BUSINESS WOULD YOU ASPIRE TO? SINGLE STORE TWO STORES MULTIPLE STORES

I understand that the information furnished herein is strictly private and confidential, and does not yet constitute a contract between MUNCH Saladsmith and myself, nor does it obligate me to undertake a MUNCH Saladsmith franchise.

I hereby declare the information furnished above is true to the best of my knowledge and understand that a false declaration may void my application for a MUNCH franchise and potentially expose myself to litigation.

Signature of Applicant

Date



Franchise Application Form

FINANCIAL INFORMATION

PLEASE NOTE PROCESSING OF THIS APPLICATION WILL NOT BEGIN UNTIL ALL RELEVANT INFORMATION IS SUBMITTED.

NO REFERENCE GIVEN WILL BE TAKEN UP WITHOUT YOUR EXPRESS PERMISSION; ALL INFORMATION PROVIDED IS STRICTLY PRIVATE & CONFIDENTIAL.

PERSONAL ASSETS

CASH ON HAND/IN BANK:

PUBLICLY QUOTED INVESTMENTS:

PRIVATE INVESTMENTS

CASH VALUE OF LIFE INSURANCE:

RECEIVABLES:

MARKET VALUE OF HOUSE:

OTHER PROPERTY:

CAR(S):

OTHER ASSETS:

TOTAL ASSETS:

NOTES:

BANKER'S NAME:

BANKER'S ADDRESS:

PERSON TO CONTACT AT BANK:

PERSONAL LIABILITIES

PERSONAL LOANS:

CURRENT MORTGAGE BALANCE ON HOUSE:

CURRENT MORTGAGE BALANCE ON OTHER PROPERTY:

BANK OVERDRAFT:

LEASING:

OTHER LIABILITIES:

PERSONAL GUARANTEES:

TOTAL LIABILITIES:

NOTES:

SOLICITORS NAME:

FIRM:

FIRM'S ADDRESS:

ARE YOUR BANKERS AWARE OF YOUR INTENTIONS WITH REGARD TO MUNCH? YES NO

ARE YOU ABLE TO COMMIT A MINIMUM OF \$200,000 TO THE VENTURE FROM YOUR OWN RESOURCES? YES NO

IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO FINANCE THE BALANCE REQUIRED?



Franchise Application Form

MONTHLY INCOME

SALARY/WAGES:

BONUSES/COMMISSION:

DIVIDENDS AND BANK INTEREST:

RENTAL INCOME:

OTHER INCOME:

TOTAL ASSETS:

MONTHLY EXPENSES

RENT/MORTGAGE:

FOOD/HOUSEHOLD:

INCIDENTALS:

CAR LOANS:

OTHER LOANS:

PENSION/MEDICAL:

CREDIT CARDS:

OTHER EXPENDITURE:

TOTAL EXPENSES:

AMOUNT OF CASH AVAILABLE FOR INVESTMENT IN THE NEW BUSINESS:

SOURCE OF FUNDS: SAVINGS OTHER BANK LOAN

REQUIRED MONTHLY INCOME:

DOES YOUR SPOUSE/PARTNER CONTRIBUTE TO THE HOUSEHOLD? YES NO

PERSON REFERENCES (RELATIONS ARE NOT ACCEPTED AS PERSONAL REFEREES) *PLEASE PROVIDE 2

NAME:

ADDRESS:

TELEPHONE:

NAME:

ADDRESS:

TELEPHONE:

BUSINESS/TRADE REFERENCES *PLEASE PROVIDE 2

NAME:

ADDRESS:

TELEPHONE:

LENGTH OF BUSINESS ASSOCIATION:

NAME:

ADDRESS:

TELEPHONE:

LENGTH OF BUSINESS ASSOCIATION:



Franchise Application Form

YOUR ACCOUNTANTS DETAILS

NAME:

FIRM:

ADDRESS:

BUSINESS EXPERIENCE (BEGINNING WITH THE MOST RECENT)

FROM:

TO:

COMPANY NAME:

POSITION:

BRIEF DESCRIPTION OF FIRM'S ACTIVITIES:

FROM:

TO:

COMPANY NAME:

POSITION:

BRIEF DESCRIPTION OF FIRM'S ACTIVITIES:

FROM:

TO:

COMPANY NAME:

POSITION:

BRIEF DESCRIPTION OF FIRM'S ACTIVITIES:

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MUNCH PERSONNEL ONLY

1.

2.

3.