



FRANCHISE APPLICATION FORM

LOCATION

1. _____
2. _____
3. _____

PERSONAL INFORMATION

FULL NAME: _____ I/C NO: _____
ADDRESS: _____ D.O.B: _____
_____ MARITAL STATUS: _____
CITY: _____ CONTACT: (H/P) _____
POSCODE: _____ (E-MAIL) _____
HIGHEST ACADEMIC QUALIFICATIONS: _____

BUSINESS EXPERIENCE

PRESENT OCCUPATION: _____
COMPANY : _____
DESCRIBE DUTIES : _____
SALARY : _____ SUPERVISOR : _____

PREVIOUS EXPERIENCE: _____
COMPANY : _____ EMPLOYED FROM: _____ TO: _____
DESCRIBE DUTIES : _____
SALARY : _____ SUPERVISOR : _____

PREVIOUS EXPERIENCE : _____
COMPANY : _____ EMPLOYED FROM: _____ TO: _____
DESCRIBE DUTIES : _____
SALARY : _____ SUPERVISOR : _____

SUGGESTED FINANCIAL FRANCHISE

	SOURCE	TOTAL (USD)
1. OWN	_____	_____
2. FAMILY CONTRIBUTION	_____	_____
3. OTHERS	_____	_____

BUSINESS PREMISES

1. SHOP / PREMISES AVAILABLE FOR BUSINESS? YES / NO

(I) OWN PROPERTY / RENT

(II) LOCATION _____

2. IF RENTING

(I) MONTHLY RENTAL RATE (RM) _____

(II) TENURE _____

PERSONAL FINANCIAL STATEMENT

CASH ON HAND & BANK : _____ NOTES PAYABLE : _____

STOCKS / BONDS / SECURITIES : _____ BANK LOANS : _____

NOTES & LOANS RECEIVABLE : _____ OTHER LOANS : _____

CASH VALUE OF LIFE INSURANCE : _____ CREDIT CARDS : _____

HOME (MARKET VALUE) : _____ UNPAID TAXES : _____

OTHER REAL ESTATE (market value) : _____ LOANS ON LIFE INSURANCE : _____

AUTOMOBILE(S) : _____ OTHER LIABILITIES : _____

OTHER ASSETS : _____

TOTAL ASSETS : _____ TOTAL LIABILITIES : _____

TOTAL NET WORTH (total assets minus liabilities) (RM) : _____

CURRENT MONTHLY INCOME (RM) : _____ CURRENT MONTHLY EXPENSES (RM) :

SALARY : _____ RENT / MORTGAGE : _____

SPOUSE'S SALARY : _____ UTILITIES : _____

OTHER INCOME : _____ REALTY TAXES : _____

_____ AUTO EXPENSES : _____

_____ OTHER EXPENSES : _____

TOTAL : _____ TOTAL : _____

**ENCLOSED:
(IF ANY)**

MARK (/)

- 1. A COPY OF CURRENT ASSET DOCUMENT**
- 2. A COPY OF FIXED ASSET DOCUMENT**
- 3. A COPY OF BUSINESS REGISTRATION**
- 4. A COPY OF ENTREPRENEURIAL COURSE ATTENDED**
- 5. PROCESSING FEE**

<input type="checkbox"/>
<input type="checkbox"/>
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DECLARATION

I UNDERSTAND THAT INCOMPLETE APPLICATION IS NOT CONSIDERABLE. I BELIEVE THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT.

SIGNATURE:

DATE: _____

***NOTE: PLEASE DELETE IF NOT APPLICABLE**

COMPLETED FORM MUST BE SUBMITTED TO:

**MENG HAR LE SPA PRIVATE LIMITED (CITISPA)
75 BEACH ROAD, #01-00 FU YUEN BUILDING
SINGAPORE 189689**

PLEASE FORWARD ANY ADDITIONAL INFORMATION ON SEPARATE PAPERS.