



Franchise Application Form

- We/ I wish to enquire and register my interest as a prospective franchisee. I understand that the Application Fee of **S\$1,000 is non-refundable**. By accepting payment of the registration fee, the Franchisor registers my interest in the franchise opportunity for a validity period of 6 months from the date of payment.
- Individual Applicant** (Please complete Sessions 1, 3, 4 & 5)
- Corporate Applicant** (Please complete Sessions 2, 3, 4 & 5)

1. Individual Applicant

Name		Photo	
Date of Birth			
Age			
Sex			
Marital Status			
Citizenship			
NRIC/Passport No.			
Mailing Address			
Mobile			
Fax			
Present Occupation			
Name of Employer			
Engaged in Business	<input type="checkbox"/> Yes, Nature of Business _____ <input type="checkbox"/> No		
Name of Company		Annual Sales Revenue	
Interested In	<input type="checkbox"/> Unit Franchise <input type="checkbox"/> Master Franchise <input type="checkbox"/> Area Franchise		

Employment History

Period	Name of Employer	Position



2. Corporate Applicant

Name of Applicant Company			
Interested In	<input type="checkbox"/> Unit Franchise <input type="checkbox"/> Master Franchise <input type="checkbox"/> Area Franchise		
Contact Person		Designation	
Registered Address			
Country of Incorporation/Registration		City	
Year of Incorporation		Paid-up Capital	
Telephone		Fax	
Email		Website	
Business Format	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> LLP <input type="checkbox"/> Listed Company <input type="checkbox"/> Others (Please specify): _____		
Type(s) of Business Activity			
Current Staff Strength	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> above 200		
Annual Sales Revenue			

Shareholders Information (Please list top 5 shareholders according to share held)

Name of Individual/Company	Nationality/Country of Incorporation	% of Shareholding

Companies Wholly or Partially-owned by Applicant Company

Name of Company	Country of Incorporation	% of Ownership

Countries where Applicant Company or its subsidiaries has operations:



3. Applicant's Objectives and Experience

Geographical area intended to set up the franchise:

S/N	Country	State/Province	Premises	Remarks

Have you or your company any experience in operating a similar or related Business?

No

Yes, please provide the name and portrayal of the business:

Is the said business still continuing? Yes No

Have you or your company any experience in operating a business or a franchise?

No

Yes, please provide the name(s) and portrayal(s) of the business(s):

Is/Are any of the said business(s) and/or franchise(s) still continuing?

Yes

No, it has ended/expired in _____ (please provide the period).



4. Financial and Legal Information

Funds available for investing in the franchise:
How do you intend to raise the fund? <input type="checkbox"/> Retained Earnings <input type="checkbox"/> External Investor(s) <input type="checkbox"/> Loan <input type="checkbox"/> Company Investment arm <input type="checkbox"/> Others (Please Specify): _____
Have you ever been declared bankrupt or still is a director / shareholder of a liquidated company? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Provide details): _____
Are you currently involved in any lawsuits or pending any legal actions? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Provide details): _____

5. Declaration

We/ I declare that the information furnished here is true and accurate to the best of our/ my knowledge. We/I understand that any misinterpretation or omission of information may be sufficient cause for cancellation of this application.

We/ I hereby authorize **U-Win Corporation Pte Ltd** or its authorized agent or affiliates to obtain any of the above information and we/I authorized the release of such information to **U-Win Corporation Pte Ltd** or its authorized agent and affiliates.

NOTE: You may be required to submit supporting documents to substantiate

Signature: _____

Name: _____

Designation: _____

Date: _____

**Please complete and return Form to:
The Franchise Manager
U-Win Corporation Pte Ltd
Email: franchise@u-win.com.sg Tel: +65 6298 1234 Fax: +65 6292 7828
www.u-win.com.sg**