

HIGHLY CONFIDENTIAL

NO. _____



Franchise Application

Name of Applicant
Date
Applied Franchise Location / Area <i>(Pls indicate complete address)</i>
Other Areas of Preference

Submission of this form does not obligate any party in any way or manner.

**PLS FILL UP ALL ITEMS
INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED**

Personal Information

Most Recent
1 1/2" x 1 1/2"
Color Photo

Please type or print neatly in dark ink

Name <i>(in full)</i> <i>(Surname) (First Name) (Middle Name)</i>			Age
Residential Address <i>(in full)</i>			Years of Stay
Email Address		Home Telephone Number	Fax Number
Marital Status	Citizenship	Tax Identification No.	SSS No.
Date of Birth	Place of Birth	CTC No.	Date and Place of Issue
If single, Name of Parents		Ages	Occupations / Business
Name of Spouse		Age	Occupation / Business
Address of Spouse <i>(if different from yours)</i>		Home Tel. No.	Email Address
Names and ages of Children			
<u>Name of Child</u>		<u>Age</u>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Describe any physical disability or limitation			
<input checked="" type="checkbox"/> Have you ever been charged of anything other than minor traffic violations? _____ <input checked="" type="checkbox"/> Has any judgment ever been entered against you or your company or your employer where you were one of the litigants? _____ <input checked="" type="checkbox"/> Are you involved in pending litigation? _____ <input checked="" type="checkbox"/> Have you ever declared personal bankruptcy? _____ If YES to any of the above, please give details and inclusive dates. Use additional pages if necessary.			
Is this the first time you're applying for a Jollibee franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please give details of previous application and the applied franchise area.			

Educational Background

	Name and Address of School	Inclusive Years	Degree Completed	Awards / Citations
High School				
College				
Post-Graduate				

Previous seminars/trainings attended/completed in Sales, Management or Retailing

<u>Training/Seminar</u>	<u>Inclusive Dates</u>	<u>Conducted By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other seminars/trainings attended/completed related to Personnel Management and Customer Relations

<u>Training/Seminar</u>	<u>Inclusive Dates</u>	<u>Conducted By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other academic degree/courses taken/completed

<u>Degree Completed</u>	<u>Inclusive Years</u>	<u>Awards / Citations</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Experience

Please indicate business/es currently operating and those which closed if any within the past 5 years

Present Business		Position	Years in Business
Business Address (<i>in full</i>)	Telephone Number	Fax Number	Email Address
Nature of Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing/PR/Advertising <input type="checkbox"/> Food/Restaurant <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Others		Type of Business Ownership <input type="checkbox"/> Single proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Others:	
Years in Operation	No. of Branches	Annual Sales	Applicant's Annual Income
Total number of employees and length of service _____ ≤ 1 year _____ ≤ 5 years _____ ≤ 10 years _____ > 10 years		Describe duties, responsibilities and number of employees directly supervised	
Does your business have any pending legal cases in court? If YES, please provide details and court resolutions		<input type="checkbox"/> YES <input type="checkbox"/> NO	
When and how did your business start?			
In your current business, what are routine/regular problems that you attend to personally?			
Identify major milestones/developments in your business within the past five years (eg opening, expansion, renovation, etc)			
Have you ever had an unsuccessful or losing business? If YES, please provide details.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you had employee relations/people-related problems? If YES, please provide details.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
How much time do you spend in your current business? Daily Basis (in terms of number of hours) _____ Weekly Basis (in terms of number of days) _____			

Previous Business Experiences

(Give exact names, addresses and dates. List most recent first. If necessary, use additional sheets)

Date Employed	Position	Name of Company	Type of Business
Address		Name of Supervisor	Reason for Leaving
Responsibilities			
Date Employed	Position	Name of Company	Type of Business
Address		Name of Supervisor	Reason for Leaving
Responsibilities			
Date Employed	Position	Name of Company	Type of Business
Address		Name of Supervisor	Reason for Leaving
Responsibilities			
Date Employed	Position	Name of Company	Type of Business
Address		Name of Supervisor	Reason for Leaving
Responsibilities			
<p>In the past five years, describe an experience that you consider as a major crisis (business or personal).</p> <p>What was the issue? _____</p> <p>_____</p> <p>What did you do about it? _____</p> <p>_____</p>			
<p>Have you ever been self-employed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please provide details.</p>			

Personal Financial Background

In order for us to evaluate your personal/corporate ability to fund a Jollibee franchise, please specify source of funding for the project.

Salary, Wages																				
Bonus, Commissions																				
Dividends, Interest																				
Real Estate Income																				
Business Profits																				
Notes / Accounts Receivables																				
Other Income (<i>specify sources, eg Trust, Spouse, etc</i>)																				
TOTAL INCOME																				
Can you personally meet Jollibee's financial requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO From what sources? Please specify. Use additional sheets, if necessary.																				
If you have P 15M to invest, what considerations will you look for to finally decide on investing? How much and how soon do you expect the return on your investment?																				
Please prepare a summary of your business portfolio indicating the contributors (from highest to lowest) to your personal/commercial revenues.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Source (Pls indicate business name in full)</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Annual Revenue</u></th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>	<u>Source (Pls indicate business name in full)</u>	<u>Annual Revenue</u>																		
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Socio-Civic Affiliations (eg Rotary, Lions, Jaycees, Mason, etc)

Name	Address	Position	Inclusive Years
What were your personal contribution/s to the organization in the past two years?			
Please indicate personal/business gains you got from joining the organizations.			

References

Bank/Credit References *(Pls indicate contact person/s where accounts are held)*

Name	Address	How long known	Telephone Number

Client

Name	Address	How long known	Telephone Number

Supplier

Name	Address	How long known	Telephone Number

Employee *(Pls indicate length of service and position of employee. Indicate whether employee is directly reporting to you)*

Name	Position	Length of Service	Telephone Number

Business Plans

Which specific geographical area are you interested in?																								
Why are you the best candidate to manage the restaurant in this area?																								
If you were granted a franchise, will you be directly involved in the store's operation? Please describe nature and extent of participation?																								
If you are currently employed, how do you plan to manage the restaurant full-time?																								
How much time can you spend in the management of a Jollibee store?																								
Do you have any existing contractual business affiliations that may limit your involvement in a Jollibee franchise store? Please give details.																								
As owner-operator, are you willing to undergo a 3-month full-time training? <input type="checkbox"/> YES <input type="checkbox"/> NO																								
Do you currently own a franchise business? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state the Franchisor's name, address, nature of business and date granted.																								
If you will be granted a franchise, who will have equity in the franchise store? To what extent?																								
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1. _____	_____	_____	_____																					
2. _____	_____	_____	_____																					
3. _____	_____	_____	_____																					
4. _____	_____	_____	_____																					
5. _____	_____	_____	_____																					
Do any of the above-listed stockholders own a share/interest in another fastfood restaurant franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details and extent of participation.																								
Do any pending application for other fastfood franchises? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details of your application.																								
Are you related by blood or marriage to any Jollibee employee or Franchisee / Managing Director? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details.																								

Certification

By signing below, I confirm that all the information given by me in this eight-page form is current, true and correct.

I hereby authorize **Jollibee Foods Corporation** to verify and investigate the undersigned from whatever sources deemed appropriate.

I fully understand that falsifying any information contained herein is sufficient ground for rejection of my application or termination of any contract that may hereafter be executed between Jollibee Foods Corporation and the undersigned franchise applicant.

SIGNATURE OVER PRINTED NAME OF
FRANCHISE APPLICANT

DATE