## MARRYBROWN SDN BHD CONFIDENTIAL FRANCHISE DEVELOPMENT APPLICATION

	PERSONAL IN	NFORMAT	TION			
A INDIVIDUAL		Residential Address :				
Surname:		]				
Other names:		Marital Status :		H/p No:		
Chinese name ( if applicable):		Home Tel:		Office Tel:		
		Home:	Own:	Rent:		
Date of birth:		Rental:		No of year:		
Age: I/C No:		Postal Address :				
Occupation :						
Monthly salary :		Name of employer/firm :				
Academic qualification:		]				
		Address:				
Spouse's name :		1				
Occupation:		Tel:	No of years emp	oloyed:		
PARTICULARS OF BANKERS						
Bank	Address		A/C No	Facility		
1.						
2.						
3.						
B RESTAURANT EXPERIEN	ICE		If yes, please sta	ite details :		
Do you or have you ever owned or ha	ad an interest in any resta	aurant	1			
operation?						
Yes :[ ] No :[ ]	Fast Food :		1			
Do you presently have any commitme	ents or arrangements wh	ich may interf	ere in your becon	ning a franchise of		
Marrybrown? Yes:[ ] No:[ ]						
If yes, please state details :						
in yes, please state details.						
C FRANCHISE INFORMATI	ON					
Will Marrybrown franchise be considered		ness? Yes:[	] No :[ ]			
Do you consider the Marrybrown franchise to be an investment with a professional manager? Yes:[ ] No:[ ]						
If yes, please provide details (name of		-	_	. 165.[ ] 1.0.[ ]		
To what extend will you be involved in the daily operation of the restaurant?						
Will you have business partner(s)? Yes:[ ] No:[ ] Name of partner (s):						

Who will be your operating partner?			List his experience in restaurant industry:					
What percent equity wi	ll your operating par	rtner have?						
		s you	you would like to develop:					
Preference 1:		Preference 2 :			Preference 3:			
D1 BUSINESS EXF	PERIENCE (IND	IVIDUAL)						
(For the past ten years,	list present or most	recent position fir	rst ar	nd include s	heet if necessary	)		
1. Name of Company:				Address:				
Type of Business:								
From:			To :	:	Tel:	:		
2. Name of Company	:			Address:				
Type of Business:								
From:	From:			:	Tel:			
3. Name of Company:				Address:				
Type of Business:								
From:			To:	:	Tel :			
D2 BUSINESS EXE	PERIENCE (CON	MPANY/PART	NE	RSHIP/ SO	OLE PROPRI	ETOR)		
Kindly provide details	on the nature of busi	ness of your relat	ted c	ompanies.	Include extra she	et		
if necessary.				_				
Name :				Registered Office:				
Business Address:								
				Nature of b	ousiness/ trade:			
Tel:	Business registra	egistration		Date of registration		Tel:		
Authorised	/ incorporation :	1		/ incorporation		Paid up capital:		
capital:						[RM ]		
[RM ]	Par value per sha	re : [		]				
Name of directors/partners I/C		I/C		Address				
1.								
2.								
3.								
4.								
	Owne	rship Structure (sl	harel	holders/part	ners)			
Name		Share held(amount in unit		t in units)	Hold directorship or otherwise			
1.					Yes:[ ] No:[ ]			
2.					Yes :[ ] No :[	]		
3.					Yes :[ ] No :[	]		

	I	Particulars of Bankers	
Bank	Address	Account No.	Facility
1.			
2.			
3.			
4.			
E GUARANTORS P	PARTICULARS	·	
1. Name:		I/C No:	Age:
Private address :		Owner/ Tenant :	Tel:
		Marital Status :	Relationship:
Occupation:		Monthly Salary:	
Employers's Name:			
Address:			
2. Name		I/C No :	Age:
Private address :		Owner/ Tenant:	Tel:
		Marital Status:	Relationship:
Occupation:		Monthly Salary:	
Employers's Name :			
Address:			
F OTHER PARTIC	ULARS		
		tion, either as plaintiff or defer	ndant?
application, sign on the This application is in mathematical within, and pursuant the This information has been been been marrybrown's interplaced by the This information that to the This application, and the This information has been been been been been been been bee	e last page and return it to way an obligation to to this application will b been provided for the sp ernal use in rendering a best of my knowledge,	to us at the address below you or Marrybrown in any e strictly confidential. ecific purposes of obtaining decision.	ete all the data requested on this y: y manner. All information contained ng a Marrybrown Franchise and is rate and complete representation
of my/our financial and Applicant's signature:	d operational qualificat	ion and background.	Date:
2. Forms 24 & 49, M 3. Form J	applicant and guarantor) & A or business registrat	Bank statements for ion 5. Audited accounts for the following forms:	or the last three years
Approved by (authorise	d signature):		Date:

PRELIMINARY SITE INFORMATION							
Have you selected a particular/ territory	site? If so	, please sta	ite:				
(Please attached a map indicating exact territorial location, market demographics and traffic count.							
Also list source of date if available)	Ittitai iocaa	IOII, market	ucmograpii	ics and a	arric counc.		
Is there any competition	If so, how many store?  Is it of the same ki				same kind?		
around this area?	is so, now many store.				ourite iiii.		
Please give details of	Total population in area:				Total families in area:		
population around this area	Total population in						
Trend of population	Growing:		Stationary	<i>'</i> :		Declining:	
Major race of population: Malay [	]	Chinese	[	]	Indian [	]	
Other [ ] Please state	e:						
Major occupation of population				_			
Labourer: Executive:	Clerk:	Retired:	Others:	Please state:			
Major age group of population		Young:		Middle Age:		Old:	
Buying power of the population		Low:		Average:		High:	
Please state physical factors around this area		GOOD		FAIR		POOR	
1. Parking facilities			_				
2. Transportation facilities							
3. Shopping facilities							
4. Recreation facilities							
Is there any other special attraction to crowd in this area? If so, please state:							