



Franchise Application Form

Personal Information

Full Name: _____
Last First M.I.

Nickname: _____

Address: _____
Street Address Barangay

_____ City Province ZIP Code

Occupation: _____

Home Phone: _____ Email: _____

Birthdate: _____ Age: _____

Nationality: _____ Citizenship: _____

Name of Spouse: _____ No. of Children: _____

Educational Background

| | School | Course | Year Attended | Year Graduated |
|---------------|--------|--------|---------------|----------------|
| Primary | _____ | _____ | _____ | _____ |
| Secondary | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Post-Graduate | _____ | _____ | _____ | _____ |
| Others | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

Work Information

If currently employed or self-employed, kindly provide the following information.

Company Name: _____

Position: _____

Business Address: _____

City/Town: _____ Province: _____

Business Phone: _____ Business Email: _____

Annual Income: _____ Years of Stay: _____



Franchise Application Form

Net Worth

Cash _____

Investments _____

Own Business _____

Real Estate _____

Vehicles _____

Other Properties _____

Other Assets _____

Total Assets _____

- Total Liabilities _____

= Net Worth _____

References

| | Name | Relation | Contact Number |
|--------------------|-------|----------|----------------|
| Business Contact 1 | _____ | _____ | _____ |
| Business Contact 2 | _____ | _____ | _____ |
| Personal Reference | _____ | _____ | _____ |

| | Bank | Branch | Contact Number |
|------------------|-------|--------|----------------|
| Bank Reference 1 | _____ | _____ | _____ |
| Bank Reference 2 | _____ | _____ | _____ |
| Bank Reference 3 | _____ | _____ | _____ |

Franchise Information

Would this business be owned by yourself, a group or an existing business?

If with a group, please state the name of each partner, their involvement, and their share in the business.



Franchise Application Form

If applicant and/or spouse has an existing business, please answer the following:

Business Name _____

Type of Business _____

Type of Organization _____

Business Address _____

City/Municipality _____

Province _____

Business Phone _____

Business Email _____

Annual Net Income _____

Date Established _____

IMPORTANT: Please attach a copy of your DTI Registration or SEC Papers.

How did you learn about our franchise offerings?

If you have pending and/or previous franchise application/s from another company, please indicate name of franchise, year applied and current status.

| Franchise Name | Date of Application | Status |
|----------------|---------------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Disclaimer and Signature

I certify that all the above information are true and correct to the best of my knowledge, and that this form is given to me free of charge and only for purposes of applying for a franchise. I am aware that this form is not considered as a franchise contract.

_____ **Signature over Printed Name** _____ **Date** _____

- PLEASE SUBMIT THIS FORM TOGETHER WITH:
- Letter of Intent
 - Store Site Proposal Form (one for each proposed location)

THIS SECTION TO BE FILLED BY BUGONG FRANCHISE SYSTEMS, INC. PERSONNEL

Application Number _____ Comments _____

Received By _____

Date Received _____

Requirements:

Application Form

Letter of Intent

Store Site Proposal