



# CONFIDENTIAL

## FRANCHISE APPLICATION FORM

### 1. GENERAL INFORMATION

1.1 How did you find out about WCF franchises?

- Internet  Newspaper  Referral  Customer

### 2. PERSONAL INFORMATION

2.1 About You

Name \_\_\_\_\_

DOB \_\_\_\_\_

Marital Status \_\_\_\_\_

Spouse (Wife's Name) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country Of Citizenship \_\_\_\_\_

Home:  Own  Rent

How Long? \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Prior Residence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How Long? \_\_\_\_\_

2.2 Do you regard this Franchise as

- Career  Investment

2.3 How much time will you devote to this business?

- Full-Time  Part-Time

2.4 Will Spouse be active in business?

- Yes  No

If Yes -  Full-Time  Part-Time

2.5 Will any other family members be active in the business?

- Yes  No

If Yes -  Full-Time  Part-Time

### 3.PARTNER

#### 3.1 Will there be partners in the business?

Yes  No

If Yes - Name of Partner 1 \_\_\_\_\_

Age \_\_\_\_\_

Contact No. \_\_\_\_\_

If Yes - Name of Partner 2 \_\_\_\_\_

Age \_\_\_\_\_

Contact No. \_\_\_\_\_

If Yes, please indicate type:

Investment Only  Operating Partner with equity

Partner 1 \_\_\_\_\_ % Ownership

Partner 2 \_\_\_\_\_ % Ownership

Note: If there is a partner involved, your partner is required to fill out an individual application form.

### 4.BUSINESS ENTERPRISE

#### 4.1 Personal Occupation

Position \_\_\_\_\_

Company \_\_\_\_\_

No. of Employees \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

#### 4.2 Previous Business Experience.

Date \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

No. Of Years \_\_\_\_\_

#### 4.3 Have you ever owned a franchise?

Yes  No

If yes, what franchise? \_\_\_\_\_

#### 4.4 Do you have food experience?

Yes  No

If yes, please list: \_\_\_\_\_

#### 4.5 Do you have people management experience?

Yes  No

If yes, then how many years? \_\_\_\_\_

## 5. EDUCATION

5.1 Year of school completed.

High School  College  University

## PERSONAL FINANCIAL STATEMENT

\*The following sections must be completed in full.

## 6. ASSETS

Cash on hand/ in banks \_\_\_\_\_  
Securities (Mutual Funds, Stocks) \_\_\_\_\_  
Accounts/ Notes Receivables \_\_\_\_\_  
Real Estate - Home (Market Value) \_\_\_\_\_  
Real Estate - Other \_\_\_\_\_  
Automobiles \_\_\_\_\_  
Other Assets (describe) \_\_\_\_\_  
Total Assets (A)

## 7. LIABILITIES

Operating Line \_\_\_\_\_  
Unpaid Taxes \_\_\_\_\_  
Notes Payable \_\_\_\_\_  
Credit Cards \_\_\_\_\_  
Mortgages \_\_\_\_\_  
Automobile Loans \_\_\_\_\_  
Other debts/ Liabilities (describe) \_\_\_\_\_  
Total Liabilities (B)  
**NET WORTH (A - B)**

### 7.2 Other Financial Sources

Spouse's Income \_\_\_\_\_  
Other Income \_\_\_\_\_  
Total Income \_\_\_\_\_

Other anticipated sources of funds for this venture (please describe)

## 8. PROFESSIONAL SERVICES

8.1 Legal Counsel acting on your behalf for this transaction:

Name of Firm \_\_\_\_\_  
Lawyer \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9. PERSONAL REFERENCES (excluding relatives)

### REFERENCES 1

Name \_\_\_\_\_  
Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_  
Contact No \_\_\_\_\_

### REFERENCES 2

Name \_\_\_\_\_  
Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_  
Contact No \_\_\_\_\_

## 10. CREDIT REFERENCES (other than employees)

Name of Company \_\_\_\_\_  
Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Contact \_\_\_\_\_  
Contact No \_\_\_\_\_

What time frame are you considering opening your business?  
\_\_\_\_\_

Are you applying for :

New Franchise  Master Franchise

Please List your geographical areas of preferences for your franchises.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you or your partner ever claimed personal bankruptcy or had a business failure?

Yes  No

Is there anything else that you would like us to know about you, and to consider during our evaluation? Please explain below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 11. PRIVACY AND CONSENT

The undersigned certifies that the accuracy of information included in this WCF Franchise Application Form is a true and correct statement of my (our) financial condition on the date indicated. I (We) agree to notify WCF immediately in writing of any material change in said condition. My signature constitutes my approval for WCF in to make a routine credit and personal references check. I understand that submission of this application does not constitute an offer to purchase a franchise and does not obligate me in any way.

### REFERENCES 2

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

## RETURN TO WCF FRANCHISES

### WCF FRANCHISES

F.A.O.

Mr. Chetan Patel