

APPLICATION FOR A VIVO FRANCHISE



PERSONAL DATA

(Please type or print neatly in ink)

Name of Applicant (in full):

Age:

.....
 (Surname) (First Name) (Middle Name)

Home Address:

.....

Home Tel.	Fax No.	Handphone No.	Email
.....

Citizenship	Marital Status	I.C. No. <i>(If applicable)</i>	S.S. No. <i>(If applicable)</i>
.....

Birth Date	Birth Place	Citizenship	Occupation
.....

Spouse Name	Age	Home Tel.	Email
.....

EDUCATION

	Name & Address of School	Inclusive Years	Degree Attained	Awards/ Citations
High School
College
Post-graduate

Special seminars/training in sales, management, hotel & restaurant

Name of Training/Seminar	Conducted By	Inclusive Dates
.....
.....

SPECIFIC DATA

1. Which particular location are you interested in? (Please indicate exact location including city/ state, country, etc.)

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2. If you were granted the franchise, who will be directly involved in the business and in what capacity?

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3. Do you currently own a franchise? YES NO

If Yes, please indicate name of Franchisor, address and date started.

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4. Have you ever owned a franchise food operation? YES NO

If yes, please state details and inclusive dates. (Use additional page if necessary).

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5. Do you have any existing contractual arrangements, agreements that may interfere with you becoming a Vivo Franchisee? YES NO

If yes, please state details. (Use additional page if necessary)

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6. Do you have pending applications for another restaurant franchise?

YES NO

If yes, please state details. (Use additional page if necessary)

.....

7. If you were granted the franchise, who would have equity in the franchised store?

	Name	Relationship	% Share	Responsibility
1.
2.
3.
4.

8. Please indicate the proposed management structure and the names of individuals who will be responsible for the development and operation of the Vivo franchise. (Use additional sheet for this section)

PERSONAL FINANCIAL INFORMATION

(The applicant is required to submit his Financial Statement or latest Bank Statement)

BANK & CREDIT REFERENCE

Name of Institution	Address	Contact Officer	Outstanding Loan
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.....
.....

CLIENTS

Name	Address	Contact No.	How long known
.....
.....
.....

SUPPLIERS

Name	Address	Contact No.	How long known
.....
.....
.....

PERSONAL REFERENCES (excluding relatives)

Name	Address	Contact No.	How long known
.....
.....
.....

I confirm that all the information furnished by me in this application form is current, true and correct. I hereby authorize Vivo Pizza to verify and investigate the undersigned applicant from whatever sources deemed appropriate. I fully understand that falsifying any of the information contained herein is sufficient ground for rejection of my application or termination of any contract that may hereafter be entered between Vivo Pizza and undersigned franchise applicant.

Signature of Applicant : _____
Printed Name : _____
I.C. No. : _____
Date : _____

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

LETTER OF AUTHORIZATION

(For release of Data Record Information)

Date: _____

In connection with our application for a Vivo Franchise, I hereby authorize Vivo Food Sdn. Bhd., or its agents, to contact any present or past financial institution, law enforcement agency, reference or any other person, firm or corporation. I authorize in behalf of our company and request any of the firms or persons contacted to provide all information concerning us and we hereby release said firms, institutions, and their agents and employees from all liabilities and responsibilities associated with the release of this information. We understand such reports may contain information concerning our credit history or performance as a company. Vivo Food Sdn. Bhd. agrees to restrict the use of this information in connection with the evaluation of our Application for a Vivo Franchise.

We hereby authorize that the photocopies of this Letter be accepted with the same legal power and validity as the original.

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PRINTED NAME & SIGNATURE