



SEMSOM FRANCHISEE APPLICATION FORM

COMPANY INFORMATION:

Country of residence	
Country of interest	
Main activities	
Company name	
Company type	
Registered Capital (USD)	
Commercial Number	
Date Founded	
Address	
P.O.Box	
Phone Number	
Fax Number	
Email	
Website	
Bank(s) working with	
Branch Address	
Contact Name	
Total Estimated Asset (USD)	

MANAGEMENT INFORMATION:

	Name	Education	Previous Experience	% Share if any
Founder's Name				
General Manager				
Marketing Manager				
Operations Manager				
Finance Manager				
Others				
Contact Person for Franchise Activities				

BRANDS: List brands, franchises, Trade Marks you are involved in

Brand Name	Country of Origin	Starting date	Description

If you are, or have been, involved in any F&B related business, please specify:

SEMSOM RELATED QUESTIONS:

How did you hear about Semsom?

Why are you interested in Semsom?

What did you like most about Semsom?

Why do you think is appropriate for your market?

Who will be in charge of the development of Semsom? List F&B experience of the person, if any:

Describe how you will operate this business in terms of your involvement, family members, and employee staffing.

How much time do you expect to spend daily at the restaurant? For how long?

What is the source(s) of your capital for the investment in the business?

How do you intend to launch the restaurant?

How do you expect to bring customers?

Market of interest:

Population

Dimension

Main Cities

Capital or City of interest:

Population

Age Groups

Purchasing power: PIB/Habitan, Average Salaries

Main Industry or main revenue

Major Axis

Opening hours: Public _____

 Private _____

 Malls _____

 Restaurants _____

Main Holidays _____

Number of days off _____

By signing below, I warrant that all the information submitted in connection with this application are true and accurate as of the date of this application. We fully understand that Treats relies upon all statements made herein by Applicant(s) and agree that any falsehoods or misstatements may, at Treat's option, constitute cause for revocation or termination of any Agreements entered into with Treats immediately upon notification to the undersigned after discovery by Treats. I agree to notify Treats of any material change in any business, personal or financial status. I understand that this application does not constitute any contract, offer or obligation from Treats to sell a franchise. This application is being provided for Treats to assess the qualifications of the applicant. I consent, authorize and acknowledge that Treats, its affiliates and any of its suppliers, may ask for background information and make whatever investigations and inquiries they may consider necessary to obtain relevant information to process this application.

Full Name	
Company	
Signature & Stamp	
Date	