



MONSTER CURRY

Franchise Application Form

- Individual Applicant** (Please complete Sessions 1, 3, 4 & 5)
- Corporate Applicant** (Please complete Sessions 2, 3, 4 & 5)
-

1. Individual Applicant

Name			Photo
Date of Birth			
Age			
Sex			
Marital Status			
Citizenship			
NRIC/Passport No.			
Mailing Address			
Mobile			
Fax			
Present Occupation			
Name of Employer			
Engaged in Business	<input type="checkbox"/> Yes, Nature of Business _____ <input type="checkbox"/> No		
Name of Company		Annual Sales Revenue	
Interested In	<input type="checkbox"/> Master Franchise <input type="checkbox"/> Area Franchise <input type="checkbox"/> Multi-Units Franchise		



Employment History

Period	Name of Employer	Position

2. Corporate Applicant

Name of Applicant Company			
Interested In	<input type="checkbox"/> Unit Franchise <input type="checkbox"/> Master Franchise <input type="checkbox"/> Area Franchise		
Contact Person		Designation	
Registered Address			
Country of Incorporation/Registration		City	
Year of Incorporation		Paid-up Capital	
Telephone		Fax	
Email		Website	
Business Format	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> LLP <input type="checkbox"/> Listed Company <input type="checkbox"/> Others (Please specify): _____		



Type(s) of Business Activity	
Current Staff Strength	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> above 200
Annual Sales Revenue	<input type="checkbox"/> <S\$10,000,000 <input type="checkbox"/> S\$10,000,001 – S\$20,000,000 <input type="checkbox"/> S\$20,000,001 – S\$30,000,000 <input type="checkbox"/> S\$30,000,001 – S\$40,000,000 <input type="checkbox"/> S\$40,000,001 – S\$50,000,000 <input type="checkbox"/> Above S\$50,000,000

Shareholders Information (Please list top 5 shareholders according to share held)

Name of Individual/Company	Nationality/Country of Incorporation	% of Shareholding

Companies Wholly or Partially-owned by Applicant Company

Name of Company	Country of Incorporation	% of Ownership

Countries where Applicant Company or its subsidiaries has operations:



3. Applicant's Objectives and Experience

Geographical area intended to set up the franchise:

S/N	Country	State/Province	Premises	Remarks

Have you or your company any experience in operating a related Business?

- No
 Yes, please provide the name and portrayal of the business:

Is the said business still continuing? Yes No

Have you or your company any experience in operating a business or a franchise?

- No
 Yes, please provide the name(s) and portrayal(s) of the business(s):

Is/Are any of the said business(s) and/or franchise(s) still continuing?

- Yes
 No, it has ended/expired in _____ (please provide the period).



4. Financial and Legal Information

Funds available for investing in the franchise:
How do you intend to raise the fund? <input type="checkbox"/> Retained Earnings <input type="checkbox"/> External Investor(s) <input type="checkbox"/> Loan <input type="checkbox"/> Company Investment arm <input type="checkbox"/> Others (Please Specify): _____
Have you ever been declared bankrupt or still is a director / shareholder of a liquidated company? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Provide details):
Are you currently involved in any lawsuits or pending any legal actions? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Provide details):



5. Declaration

We/ I declare that the information furnished here is true and accurate to the best of our/ my knowledge. We/I understand that any misinterpretation or omission of information may be sufficient cause for cancellation of this application.

We/ I hereby authorize **MC Group Pte Ltd** or its authorized agent or affiliates to obtain any of the above information and we/I authorized the release of such information to **MC Group Pte Ltd** or its authorized agent and affiliates.

NOTE: You may be required to submit supporting documents to substantiate

Signature: _____

Name: _____

Designation: _____

Date: _____

Please complete and return Form to:

The Franchise Manager

MC Group Pte Ltd

160 Robinson Road, #21-06 SBF Center, Singapore 068914

Email: franchise@monstercurry.com.sg

www.monstercurry.com