

# FIRST GOURMET

## FRANCHISE APPLICATION FORM



FOR OFFICIAL USE ONLY	
Ref No	
Date Received	
Territory of Interest	
Type of Franchise	
Remarks	

## FRANCHISE APPLICATION FORM

Thank you for your interest in First Gourmet's franchises. As part of the application process, please complete this form and email it back to [franchise@firstgourmet.com](mailto:franchise@firstgourmet.com). All information provided will be kept strictly confidential. Please use separate sheets of paper if the space provided is insufficient.

Please tick the brand that you are applying for\*:

- Prata Wala
   
  Ottoman Kebab & Grill  
 Zaffron Kitchen
   
  Wimi Thai Coconut Ice Cream

\*Please submit separate application forms for each brand.

### SECTION 1: FOR INDIVIDUAL APPLICANTS

1) Applicant's Name: \*(Mr/Mrs/Miss/Mdm)

2) Address:

Postal Code:

3) Email:

4) Contact Number:

5) Fax:

6) Present \*Occupation / Business Engaged in:

7) Name of \*Employer / Own Business:

8) Past Employment Record:

Period	Name of Employment	Designation

9) Annual Sales Revenue of Own Business (if applicable):

- Less than SGD 1,000,000
   
  SGD 1,000,001 – SGD 5,000,000  
 SGD 5,000,001 – SGD 10,000,000
   
  Above SGD 10,000,000

\* Please delete where applicable

**Please Proceed to Section 3**

**First Gourmet Pte Ltd**

Address: 5 Burn Road #03-01, Singapore 369972. Email: [franchise@firstgourmet.com](mailto:franchise@firstgourmet.com). Tel: 6844 1852.

**SECTION 2: FOR CORPORATE APPLICANTS**
**1) Name of Applicant Company:**
**2) Contact Person:**
**3) Designation:**
**4) Registered Address:**
**Postal Code:**
**City:**
**Country:**
**5) Contact Number:**
**6) Fax:**
**7) Email:**
**8) Website:**
**9) Business Type:**
 Private & Limited Liability

 Public & Limited Liability

 Partnerships

 Others (please specify): \_\_\_\_\_

**10) Country of Incorporation:**
**11) Company Registration Number:**
**12) Year of Incorporation:**
**13) Paid-Up Capital:**
**14) Types of Business Activities:**
**15) Current Staff Strength:**

**16) CORPORATE STRUCTURE**

(List top 3 shareholders according to % of shares held)

Name of Individual or Company	Country of Incorporation	Shareholding (%)

**17) COMPANIES WHOLLY OR PARTLY OWNED BY APPLICANT COMPANY**

Name of Company	Country of Incorporation	Shareholding (%)

**18) CORPORATE FINANCIALS**

Year	20____	20____	(Latest) 20____
Total Revenue			
Pre-tax Profit or Loss			

(Please attach the latest Financial Statements)

**19) CURRENT OPERATING AREAS**

Please list the countries where the company or its subsidiaries are operating and provide details of the types of operations that they are involved in.

**SECTION 3: FRANCHISE BUSINESS**

**1) How did you hear about our franchise?**

**2) What are the key reasons for your interest in our franchise?**

**3) Will you be the key person involved in managing the franchise business?**  Yes  No

**If not, please state below the Key Person(s) managing the franchise business:**

**Name of Key Person:**

**Relationship to Applicant:**

**Name of Key Person:**

**Relationship to Applicant:**

<p><b>4) Are you interested in rights for a</b></p> <p><input type="checkbox"/> <b>Single-Unit Franchise</b>                      <input type="checkbox"/> <b>Area Franchise</b></p>
<p><b>5) Please state the intended geographical area(s) to set up the franchise.</b></p> <p><b>Country:</b></p> <p><b>City/State:</b></p> <p><b>Address of Preferred Location #1:</b></p> <p><b>Premise at Preferred Location #1 is Owned / Currently Leased / To be Leased * by the Applicant.</b></p> <p><b>Remarks:</b></p>          <p><b>Address of Preferred Location #2:</b></p> <p><b>Premise at Preferred Location #2 is Owned / Currently Leased / To be Leased * by the Applicant.</b></p> <p><b>Remarks:</b></p>          <p><b>Address of Preferred Location #3:</b></p> <p><b>Premise at Preferred Location #3 is Owned / Currently Leased / To be Leased * by the Applicant.</b></p> <p><b>Remarks:</b></p>          
<p><b>6) Please state below your funds available to invest in this franchise: SGD _____</b></p> <p><b>Source of funds:</b></p> <p><input type="checkbox"/> Retained Earnings                      <input type="checkbox"/> External Investor(s)                      <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Others (please specify):</p>

**7) Have you / any of the Key Persons operated or have any experience in Food & Beverage business?**

Yes                       No

**If yes, please provide details of the business. (Company name, type of cuisine, target customers, etc.)**

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**8) Have you / any of the Key Persons operated a franchise business before?**

Yes                       No

**If yes, please provide the names of the franchise(s) and provide a description of it/them. Also specify if any of the franchises is still operating or has expired.**

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**9) ANY OTHER RELEVANT INFORMATION**

**Please include any other information that you think is relevant to your application.**

**SECTION 4: DECLARATION**

<p>1) Are you / any of the Key Persons managing the franchise aware of any circumstances regarding health or capacity to work that might interfere with your / the Key Person's ability to manage the franchise?</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><i>If yes, state details:</i></p>
<p>2) Have you / any of the Key Persons or your directors (for company applicant) ever been convicted of a criminal offence or are currently involved in a criminal proceeding?</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><i>If yes, state details:</i></p>
<p>3) Are you / any of the Key Persons or your directors (for corporate applicant) now or in the past 5 years, been a party, plaintiff or defendant in any type of civil litigation?</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><i>If yes, state details:</i></p>
<p>4) Have you / any of the Key Persons, the company or its directors (for corporate applicant) or any companies which you / any of the Key Persons have been a director in ever declared bankruptcy or became insolvent?</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><i>If yes, state details:</i></p>

- 5) I/We declare that all information provided herein is true and accurate to the best of our/my knowledge. I/We understand that any misrepresentation or omission of information may affect the outcome of this application.

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Signature

Name:

Designation:

Date:

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