



36 Senoko Crescent, Singapore 758282
Tel: (65) 6852 3333 Fax: (65) 6852 3335
Email: franchise@select.com.sg

Lerk Thai Franchise Application Form

Indicate Your Interest

Country of Interest: Franchise Type: Single / Area
Number of Outlets: Territorial Exclusivity: Country / City

Personal Information

Title:
First Name: Last Name:
Year of Birth: Citizenship: ID No:
Home Address:
State / Country: Postal Code:
Primary Contact: Email:
Secondary Contact:

Partners Information

1. Name:	<input type="text"/>	% Share	<input type="text"/>
2. Name:	<input type="text"/>	% Share	<input type="text"/>
3. Name:	<input type="text"/>	% Share	<input type="text"/>

Are you of legal age in your state / country? Yes / No

Educational Background

Highest Qualification Attained: Year Attained:
Name of Institution: Field of study:

Do you have any experience in the F&B industry? Yes / No

Business information

Employment Status:	<input type="text"/>	Name of Company:	<input type="text"/>
No. of years:	<input type="text"/>	Nature of Business:	<input type="text"/>
Title:	<input type="text"/>	Office Address:	<input type="text"/>
		Office Contact:	<input type="text"/>

Describe your job responsibilities:

Have you ever owned or operated similar operations as Lerk Thai Restaurant? Yes / No

Entity:	<input type="text"/>	Years in Operations:	<input type="text"/>
Turnover:	<input type="text"/>	Main Business Activities:	<input type="text"/>

Financial Background

Income from current occupation: per month

Amount of capital for start up:

Liquid Assets (Cash/Stocks, etc.):	<input type="text"/>	Fixed Assets (Car/House etc.):	<input type="text"/>
Liabilities (Mortgages, Loans):	<input type="text"/>	Total Available Capital:	<input type="text"/>
Amount you are willing to invest	<input type="text"/>	Source of Funds:	<input type="text"/>

If the amount invested is above your net worth, how are you sourcing for your funds?

Other Information

Do you have any experience in franchise operations?	Yes / No
Are you willing to relocate for franchise opportunities if approved?	Yes / No
How involved will you be in the franchise?	<input type="text"/>
If qualified, when are you looking to commence operations?	<input type="text"/>

Tell us more about yourself and why you would like to take up a franchise:

Disclaimer:

The information contained in this form is provided for the purpose of the application of the franchise mentioned. The undersigned understands that the franchisor is relying on the information provided to make a preliminary assessment of candidate suitability. The undersigned represents and warrants that the information provided is true and complete and that the franchisor may consider this statement as continuing to be true unless an express written note of change is given. The franchisor is authorized to make all necessary inquiries to verify the accuracy of the information provided. The undersigned also understands that the franchisor have the rights to investigate his/her credit backgrounds and any other credit information deem necessary to evaluate the undersigned's suitability. By signing the form below, this does not constitute an offer of the franchise nor an express of intent.

X

I hereby certify that all information provided
are accurate.