



## BUSINESS INFORMATION

Self-Employed      Employed      Practicing Professional (MD, Atty, Engr)

**If Self-Employed:**  
 Name of Business: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Years of Existence: \_\_\_\_\_  
 Gross Annual Revenue of Business (PhP): \_\_\_\_\_ No of Staff: \_\_\_\_\_

**If Employed:**  
 Name of Current Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_ Office Phone: \_\_\_\_\_ No of Years: \_\_\_\_\_

**If Practicing Professional:**  
 Profession: \_\_\_\_\_ No of Years in Practice: \_\_\_\_\_  
 Area / Location of Practice: \_\_\_\_\_  
 No of Staff: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Gross Annual Income (PhP): \_\_\_\_\_

**Business References**

Name	Company	Position	Contact Nos
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## FINANCIAL INFORMATION

**Other Income:**  
 Source of Income: \_\_\_\_\_ Monthly Income (PhP): \_\_\_\_\_  
 Source of Income: \_\_\_\_\_ Monthly Income (PhP): \_\_\_\_\_

**Home Ownership:**  
 Owned     Current Value: \_\_\_\_\_  
 Mortgaged     Current Value: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Rented     Monthly Rent: \_\_\_\_\_  
 Living w/ Parents

How much Capital do you have available to invest in a Tea Square Franchise (PhP)? \_\_\_\_\_

Assets	Liabilities
Total Cash in Bank (PhP): _____	Total Liabilities (PhP): _____
Marketable Securities (PhP): _____	Real Estate Mortgage Bal (PhP): _____
Real Estate Owned (PhP): _____	Automobile Mortgage Bal (PhP): _____
Automobiles (PhP): _____	Others (PhP): _____
Others (PhP): _____	
<b>Total Assets (PhP):</b> _____	<b>Total Liabilities (PhP):</b> _____
<b>Total Net Worth in PhP (Assets - Liabilities):</b> _____	

Do you have a Financing Source? \_\_\_\_\_ Amount if yes (PhP): \_\_\_\_\_  
 Have you had any claims or litigation which you were involved in during the past 5 years? \_\_\_\_\_  
 Kindly Explain if yes: \_\_\_\_\_  
 Have you ever plead guilty or have been convicted of any Felony offense? \_\_\_\_\_  
 Kindly Explain if yes: \_\_\_\_\_

**FINANCIAL INSTITUTIONS**

Name	Branch	Location	Contact Nos
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS TRUE AND ACCURATE, AND I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE RELIED UPON BY **PHILIPPINE FOODASIA CORP (PFC)**.

I understand that the granting of a Franchise is at the sole discretion of PFC and that acceptance of this Application is not a granting of a franchise. Franchises are granted only by execution of a written Franchise Agreement.

I understand that any information I received from PFC or from any employee, agent, or franchisee of the Franchisor is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to PFC, and is being made available to me solely because of this Application.

I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of PFC, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or entity, or use any Confidential Information, directly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of PFC.

I authorize the release of any information deemed necessary by the Franchisor PFC to verify any and all of the information contained herein. This authorization for release of information includes but is not limited to matters of opinion relating to my background, mode of living, credit worthiness, character, ability, reputation and past performance. I understand that I have a right upon written request to the franchisor PFC to provide information regarding the nature and scope of such investigation.

I authorize all persons, schools, companies, corporation, credit bureaus, and law enforcement agencies to release such information without restriction or qualification to investigatory parties selected by the Franchisor PFC. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization and release shall apply to this as well as any future information request. I authorize that a photocopy or facsimile of this authorization and release be considered as valid as the original.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME (FIRST, MI, LAST)

\_\_\_\_\_  
SIGNATURE IN INK

FOR FOODASIA USE ONLY - PLEASE DON'T WRITE BELOW THIS LINE

**Application Checklist:**

**Remarks:**

**Status:**

Filled-Up Application Form

Reservation Payment

Letter of Intent

Final Interview

Full Payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_