



berries

百力果

**BERRIES WORLD OF LEARNING SCHOOL**

**百力果学习丰收园**

- Note: 1. Please PRINT Clearly.  
2. The words "NIL" or "NA" should be entered where appropriate.  
3. Delete where applicable

## FRANCHISE APPLICATION

### 1 APPLICANT'S PARTICULARS

#### 1a PERSONAL PARTICULARS

Full Name ( <i>underline surname</i> )		Chinese Name (if any)	
Mailing Address		Citizenship	
Contact Nos.			
<i>Residence</i>		<i>Office</i>	<i>Pager/Handphone</i>
<i>E-mail</i>			
Permanent Resident of Singapore NA / NO / YES                      SINCE		Place of Birth	Date of Birth Age
Gender MALE / FEMALE	Marital Status	NRIC / Passport No	Race
Dialect	Religion		

#### 1b FAMILY PARTICULARS

Name	Relationship	Company	Job Designation

#### 1c EDUCATION QUALIFICATIONS (*Chronological Order*)

Name of School / Institute	Country	From	To	Highest Qualification Attained

<b>1d EMPLOYMENT HISTORY (Chronological Order)</b>			
Name of Company	From	To	Designation & Nature of Employment

**1e ADDITIONAL INFORMATION**

1. Do you know anyone in this Company?	Yes	No
2. Have you ever been made a bankrupt?	Yes	No
3. Have you ever at any time been convicted or found guilty of an offence by any court?	Yes	No
4. Have you ever been discharged from any position?	Yes	No

If your answer to any of the above questions is 'Yes', please provide details here.

**2 OWNERSHIP & OTHER INFORMATION**

1. How did you know about Berries World of Learning School?

Friends / Word of Month     
 Tradeshow / Exhibition     
 Advertisements / Promotions  
 Internet / Website     
 Others: \_\_\_\_\_

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2. How did you know about Berries Franchise Programme?

Friends / Word of Month     
 Tradeshow / Exhibition     
 Advertisements / Promotions  
 Internet / Website     
 Berries School     
 Others: \_\_\_\_\_

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3. Please state your proposed territory: \_\_\_\_\_

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4. Please provide three reasons why Berries will be successful in your territory:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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5. If more than one (1) shareholder, please provide details on the shareholdings & complete Section 3:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ownership %: \_\_\_\_\_

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6. Expected date of commencing the Berries Franchise: \_\_\_\_\_ (mm/yyyy)

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7. Amount of available capital: \_\_\_\_\_ (State Currency)

<b>3 PARTNER'S PARTICULARS</b>				
<b>3a PERSONAL PARTICULARS</b>				
Full Name ( <i>underline surname</i> )			Chinese Name (if any)	
Mailing Address			Citizenship	
Contact Nos.				
<i>Residence</i>		<i>Office</i>		<i>Pager/Handphone</i>
<i>E-mail</i>				
Permanent Resident of Singapore NA / NO / YES                      SINCE		Place of Birth	Date of Birth  Age	
Gender MALE / FEMALE	Marital Status	NRIC / Passport No	Race	
Dialect	Religion			
<b>3b FAMILY PARTICULARS</b>				
Name	Relationship	Company	Job Designation	
<b>3c EDUCATION QUALIFICATIONS (<i>Chronological Order</i>)</b>				
Name of School / Institute	Country	From	To	Highest Qualification Attained
<b>3d EMPLOYMENT HISTORY (<i>Chronological Order</i>)</b>				
Name of Company		From	To	Designation & Nature of Employment
<b>3e ADDITIONAL INFORMATION</b>				
1. Do you know anyone in this Company?			Yes	No
2. Have you ever been made a bankrupt?			Yes	No
3. Have you ever at any time been convicted or found guilty of an offence by any court?			Yes	No
4. Have you ever been discharged from any position?			Yes	No
If your answer to any of the above questions is 'Yes', please provide details here.				

## 4 DECLARATION

The information contained in this statement is provided for the purpose of obtaining or maintaining a franchise to use the trade names, trademark, systems and other intellectual property of the franchisor on behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned is authorized to execute a guarantee. The undersigned understands that the franchisor is relying on the information provided herein in deciding to grant the rights. 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 and correct until a written notice of a change is given to the franchisor by the undersigned. The franchisor is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

### FOR FRANCHISOR USE ONLY

Comments

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Name of Interviewer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_