



## FRANCHISE EVALUATION FORM

The purpose of this Report is for you to provide us general information to help evaluate your qualifications for a \_\_\_\_\_. If you qualify and a mutual interest develops, we will request additional information at that time.

**This form should be completed by EACH proposed partner.**  
Please print or type your answers. You may attach additional pages if necessary to provide complete answers. Please answer all questions.

### PERSONAL DATA

Last Name	First Name	Middle Name	T.I.N.	SSS Number	
Date of Application (d/mm/yy) / / 20		Birth Date / /	Age	Tel. No.	Fax No.
Current Address and Zip Code			Years of Residence		
Previous Address			Years of Residence		
Height	Weight	Single	Married	Separated	Widowed
Full Name of Spouse			Occupation of Spouse		(check one)
Names and Ages of Dependent Children					

### APPLICANT'S FRANCHISE PLAN

Will the franchise be owned and operated by yourself or a group?
Please explain fully.
Amount of capital available for this business.
Describe fully
Territory for which application is made
Would you consider any other area? <span style="margin-left: 150px;">YES</span> <span style="margin-left: 100px;">NO</span>
What area(s)?

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## BUSINESS EXPERIENCE

Have you been in business for yourself?	YES	NO
Name and Address of Employer		
Position/Title/Duties		
Dates of Employment (from / / to / / )	Person Reporting Directly To/Title	
Reason for Separation	Starting Salary	Ending Salary
Name and Address of Employer		
Position/Title/Duties		
Dates of Employment (from / / to / / )	Person Reporting Directly To/Title	
Reason for Separation	Starting Salary	Ending Salary
Name and Address of Employer		
Position/Title/Duties		
Dates of Employment (from / / to / / )	Person Reporting Directly To/Title	
Reason for Separation	Starting Salary	Ending Salary

## EDUCATION

Name of School	Dates of Attendance	Course Attended/Graduated
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## PHYSICAL CONDITION

General Physical Condition	Date of Last Physical Exam
Attending Physician	
List Any Physical Impairments or Chronic Illnesses Which May Preclude Certain Types of Activities	
Please explain.	

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## INCOME

Year _____	
Earned (salary, commissions, fees, etc.)	(Please state currency) _____
Interests & Dividends Received	(Please state currency) _____
Rents Received	(Please state currency) _____
Other Income	(Please state currency) _____
_____	(Please state currency) _____
_____	(Please state currency) _____
_____	(Please state currency) _____
_____	(Please state currency) _____
Gross Income	USD/Php _____

## REFERENCES

Please list three professional and character references (Name-Address-Phone No.-Fax No. )	
1.	_____
2.	_____
3.	_____
Please list three Credit References (Name-Address-Phone No.-Fax No)	
1.	_____
2.	_____
3.	_____
Bank References (Name-Address-Checking Account/Savings Account/Others)	
1.	_____
2.	_____
3.	_____

## CONTINGENCIES

Do you have any contingent liabilities? YES NO		Are any of your assets pledged?	
If so, please enumerate	_____	YES	NO
	_____	Have you ever taken bankruptcy?	
	_____	YES	NO
	_____	Are you defendant in any law suits or legal action? YES NO	

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## Confidential Financial Statement

(Please answer all questions using "no" or "none" where necessary. Attach additional sheets as needed.)

### ASSETS

Cash on Hand (unrestricted in banks)
Accounts and Loan Receivables
Notes Receivable, Not Discounted
Notes Receivables, Discounted with banks, finance companies, etc.
Life Insurance, Cash Surrender Value (Do not deduct loans)
Other Stocks and Bonds
Real Estate
Automobiles, Registered in Own Name
Other Assets, Enumerate

### LIABILITIES AND NET WORTH

Notes Payable to Banks. Unsecured Direct Borrowings Only
Notes Payable to Banks. Secured Direct Borrowings Only
Notes Receivables. Discounted with banks, financial institutions, etc.
Notes Payable to Others, Unsecured
Notes Payable to Others, Secured
Loans Against Life Insurance
Accounts Payable
Interests Payable
Taxes and Assessments Payable
Mortgages Payable on Real Estate
Other Liabilities (Itemize)
NET WORTH (Please state currency )
TOTAL LIABILITIES and NET WORTH (Please state currency)

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## SUPPLEMENTARY SCHEDULES

No.1. Banking Relations ( A list of my bank accounts, including savings, and loans)

Name and location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed, or Secured

No.2 Accounts, Loans, and Notes Receivables( A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Hold	Expected Date of Payment

No.3 Life Insurance

Name of Persons Insured	Name of Beneficiary	Name of Insurance Company	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

No.4 Other Stocks and Bonds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

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No. 5: The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description or Address	Dimensions	Improvements Consists of	Mortgages	Due Dates and Amounts of Payments	Assessed Values	Present Market Value	Unpaid Taxes Year/Amount

In submitting the foregoing statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify \_\_\_\_\_ immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that \_\_\_\_\_ in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date: \_\_\_\_\_, 20\_\_\_\_ Signed: \_\_\_\_\_  
*Signature over Printed name*

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Tel No.: (632) \_\_\_\_\_  
 Fax No.: (632) \_\_\_\_\_  
 Email Address: \_\_\_\_\_