



CONFIDENTIAL FRANCHISE PRE-QUALIFICATION FORM

The purpose of this Form is for you to provide general information to help evaluate your qualifications for the franchise you are applying for. This is not an application. If you qualify and a mutual interest develops, the Franchisor will request for 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. Please answer all questions.

Date of Application: _____

PERSONAL DATA

Last Name	First Name		Middle Name
Gender	Birthday	Age	Marital Status
Mobile	Tel.	Email	Height & Weight
Current Address			Years of Residence
Permanent or Provincial Address			Years of Residence
Full Name of Spouse		Birthday	Occupation
Names and Age of Dependent /Independent Children or Other Dependents			

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:		



EDUCATION BACKGROUND

Name of School	Dates of Attendance	Course	Date Graduated

EMPLOYMENT EXPERIENCE (IF APPLICABLE)

Name of Employer	Position/Duties	Dates of Employment	Salary

If no longer employed, explain reason for leaving your last job:

BUSINESS EXPERIENCE (IF APPLICABLE)

Do you own a business currently? <input type="checkbox"/>	Have been in business for yourself? <input type="checkbox"/>	No business experience <input type="checkbox"/>
Type of Business:		
Trade Name or Company Name:		
Address:		
Position/Title/Duties		
Percentage of Ownership/Capitalization		
Dates of Business Establishment (indicate from-to period)		
Status of Business: Operational/Active <input type="checkbox"/> Closed/Inactive <input type="checkbox"/>		
If closed or inactive, state reasons why:		
* YOU MAY ATTACH ADDITIONAL INFORMATION *		



APPLICANT'S FRANCHISE PLAN

I am interested in this franchise because:

Amount of Capital available for this business: Php _____

Source of Capital: ☐ Salary ☐ Savings ☐ Partner ☐ Loan ☐ Others: _____

The type of store that I plan to operate is: _____

TYPE OF SPACE: _____ Actual size: _____

OTHER DETAILS APPLICABLE: _____

Area/Location/Territory for which application made: _____

Would you consider other area? ☐ NO ☐ YES – What Area/s? _____

Will the franchise be owned and operated by yourself or a group? _____

I plan to operate the franchise business as:

☐ an individual ☐ active: will be directly involved in management/operation

☐ with partners ☐ passive: will be behind the scenes

How many % of this business will you own?

If with partners, state the name of all your partners, or incorporators if under a corporation:

STRICTLY CONFIDENTIAL FINANCIAL STATEMENTS

SOURCE OF INCOME	In PHP
Wages or Salary	
Bonus / Commission	
Interests & Dividends Received	
Rent Received	
Other Income	
Total Gross Income	



ASSETS	In PHP	LIABILITIES	In PHP
Cash on Hand		Loans/Notes Payable to Bank	
Savings in Bank		Other Loans/Notes Payable	
Life Insurance		Mortgages	
Stocks & Bonds			
Real Estate			
Automobile/Vehicle			
Others:		Others:	
Total Assets		Total Liabilities	

CONTINGENCIES

Are any of your assets pledged? If yes, please explain	
Have you been convicted of any crimes? If yes, please explain	
Is there any pending suit, whether civil or criminal, of which you are a party? If yes, please explain	
Have you Ever declared bankruptcy? If yes, please explain	

REFERENCES

Please list professional and character references (Name-Address-Phone No- email)
1.
2.
3.
Please list Bank/Credit References (Name-Address-Phone No.-email)
1.
2.
3.



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 *THE FRANCHISOR* or its agents 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 *THE FRANCHISOR* or its agents 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

Date: _____

Signed: _____

Signature over Printed name



DATA PRIVACY AGREEMENT

The Good Meat recognizes their responsibilities under the Republic Act No. 10173 (Act), also known as the Data Privacy Act of 2012, with respect to the data they collect, record, organize, update, use, consolidate or destruct from the franchise applicant. The personal data obtained from this form is entered and stored within the company's authorized information and communications system and will only be accessed by the **The Good Meat's** authorized personnel. **The Good Meat** has instituted appropriate organizational, technical, and physical security measures to ensure the protection of the applicants' personal data.

Furthermore, the information collected and stored in the portal shall only be used for the following purposes:

- Processing and reporting of documents related to the franchise application, i.e. Franchise Information Form, Franchise Agreement, Operations Manual etc., under certain conditions as required by law.
- Announcements / promotions of events, programs, and other activities offered / organized by **The Good Meat** and its partners.
- Activities pertaining to establishing relations with customers or clients.
- **The Good Meat** shall not disclose the franchisees' personal information without their consent and shall retain this information over a period of ten years.

FRANCHISEE CONSENT:

I have read **The Good Meat's** Data Privacy Statement and express my consent for **The Good Meat** to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my personal data as part of my information.

I hereby affirm my right to be informed, object to processing, access and rectify, suspend, or withdraw my personal data, and be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

Date: _____

Signed: _____
Signature over Printed name