

Franchise Enquiry & Registration Form

I wish to find out more about the franchise opportunity available and how I can be part of the **Mitsuba** success story.

I wish to enquire and register my interest as a prospective franchisee. I understand that if I am shortlisted and wish to proceed with the application, the **non-refundable** Application Fee is **S\$1,000**. By accepting payment of the Application Fee, the Franchisor registers my interest in the franchise opportunity for a validity period of 6 months from the date of payment.

Name (Dr/Mr/Mrs/Miss/Mdm): _____

Designation: _____

Name of Company: _____

Nationality: _____

NRIC / Passport Number: _____ Age: ____ Marital Status: _____

Mailing Address: _____

Contact Number: _____ (Office) _____ (Home) _____ (Mobile)

Email: _____

Interested In:

____ **Unit Franchising**

____ **Area Franchising**

____ **Master Franchising**

- **Which geographical area are you most interested in? (Please give reasons)**

- **Have you or your company any experience in Related Business(s)?**
(Please give details)

- **Have you or your company had any experience in dealing with any other Franchise Business? (Please give details)**

- **How do you intend to raise the funds?**

- A. Through my personal investment
- B. Through my company investment arm
- C. Others (Please give details)

- **Have you ever been made a bankrupt and/or been a director/ shareholder of a company which has been liquidated?**

- No
- Yes (Please give details)

▪ **Are you currently involved in any lawsuits or pending any legal actions?**

- No.
 Yes (Please give details)

I certify that the information furnished in this Franchise Enquiry & Registration Form is correct as of the stated date. I understand that I am receiving proprietary information from the Franchisor. I also understand the information received from any of the Franchisor's associate, partner, employee, agent or franchisee is confidential. It is agreed that this information made available to me through this Enquiry & Registration Form will be maintained with the highest level of confidentiality and not disclosed to third parties without the express written consent of the Franchisor.

Signature: _____

Name: _____

Date: _____

Please complete and return form to:

Mitsuba International Pte Ltd via franchise@mitsuba.com.sg.

ONLY SHORTLISTED CANDIDATES WILL BE CONTACTED.