

The start-up of MANGO ROYAL MILKSHAKE requires evaluation and filling out this form with all needed information which is a big step in the process. All information will be treated 100% confidential and does not obligate you in anyway. Email this together with your Letter of Intent to:

mrm@mangoroyal.ph

APPLICANT'S PERSONAL INFORMATION

Name: _____
Business Address: _____
Telephone: _____ Facsimile: _____ Email: _____
Home Address: _____
Telephone: _____ Facsimile: _____ Email: _____
Home Address: _____
Date of Birth: ____/____/____ Place of Birth: _____
Civil Status: _____ Citizenship: _____
Course: _____

EMPLOYMENT BACKGROUND

Current Employment: _____
Job Title: _____ Annual Income in Peso: _____
Most Recent Employment: _____
Job Title: _____ Annual Income in Peso: _____

SPOUSE

Name: _____
Date of Birth: ____/____/____ Place of Birth: _____
Are you currently employed? YES ____ NO ____ Self-employed? YES ____ NO ____
Company: _____
Company Address: _____
Telephone: _____ Facsimile: _____ Email: _____
Job Title: _____ Annual Income in Peso: _____

BUSINESS/PERSONAL INFORMATION

All needed information in this section should be filled-out completely

Complete Name: _____
Job Title/Occupation: _____
Company Address: _____
Complete Name: _____
Job Title/Occupation: _____
Company Address: _____
Complete Name: _____
Job Title/Occupation: _____
Company Address: _____

	YES	NO
1. Do you have any franchise? if yes, please specify Name & years: _____	_____	_____
2. Do you have other business? if yes, please specify Name & years: _____	_____	_____
3. Do you have other partners in business?	_____	_____
4. Are you currently employed?	_____	_____
5. Are you an OFW or a spouse of an OFW?	_____	_____
6. Did you read and fully understand the Mango Royal Milkshake Franchising Details?	_____	_____
7. Do you fully understand that entering this franchise business requires commitment?	_____	_____
8. Do you prefer to limit risk as much as possible?	_____	_____
9. Are you willing to operate the business in exact accordance with the instruction of Franchisor?	_____	_____
10. Are you willing to forgo sales on new ideas and products because of Franchisor's restrictions?	_____	_____
11. Do you enjoy being part of a well-known organization?	_____	_____
12. Do you feel that you need the management experience and assistance that a Franchisor can provide?	_____	_____
13. Do you need assistance in developing business plan?	_____	_____
14. Are you comfortable with establishing a business from the ground up?	_____	_____
15. Are you willing to pay franchising fee to obtain a proven Business operation?	_____	_____
16. Do you feel comfortable establishing a long-term relationship with a Franchisor?	_____	_____
18. Do you enjoy products and services created by someone else instead of creating your own?	_____	_____
19. Are you willing to purchase goods and services directed by the Franchisor?	_____	_____
20. Are you willing to pay monthly continuation fee?	_____	_____

Who will manage the store? (Please check one) _____ Me _____ Someone Else _____ Me & My Partner

If others, please indicate the name: _____

How many target branches are you planning? _____

Who will finance your initial investment? _____

Net income per month: _____

LETTER OF INTENT (Just short and simple lawyer explaining why should we approve your application)

 Franchise Applicant Name/Signature/Date

Approved by: _____