



MANGO ROYAL
M I L K S H A K E

	INITIAL INTERVIEW
	FINAL INTERVIEW
	APPROVED FRANCHISEE
	SITE EVALUATION

CONFIDENTIAL

QUESTIONNAIRE

The start-up of MANGO ROYAL MIKSHAKE requires evaluation and filling out this form with all the 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: _____



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CONFIDENTIAL QUESTIONNAIRE

- YES NO 1. Do you have any franchise? If yes, please specify (Name & years)

- YES NO 2. Do you have other business? If yes, please specify (Name & years)

- YES NO 3. Do you have other partners in business?
- YES NO 4. Are you currently employed?
- YES NO 5. Are you an OFW or a spouse of an OFW?
- YES NO 6. Did you read and fully understand the Mango Royal Milkshake Franchising Details?
- YES NO 7. Do you fully understand that entering this franchise business requires commitment?
- YES NO 8. Do you prefer to limit risk as much as possible?
- YES NO 9. Are you willing to operate the business in exact accordance with the instruction of Franchisor?
- YES NO 10. Are you willing to forgo sales on new ideas and products because of Franchisor's restrictions?
- YES NO 11. Do you enjoy being part of a well-known organization?
- YES NO 12. Do you feel that you need the management experience and assistance that a Franchisor can provide?
- YES NO 13. Do you need assistance in developing business plan?
- YES NO 14. Are you comfortable with establishing a business from the ground up?
- YES NO 15. Are you willing to pay franchising fee to obtain a proven Business operation?
- YES NO 16. Do you feel comfortable establishing a long-term relationship with a Franchisor?
- YES NO 17. Do you enjoy products and services created by someone else instead of creating your own?
- YES NO 18. Are you willing to purchase goods and services directed by the Franchisor?
- YES NO 19. Are you willing to pay monthly continuation fee?

LOCAL MARKETING

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:

What are your plans for local marketing, including participation in community events or local fiestas? Please list down the local events and fiestas in your area.

LETTER OF INTENT

(Just short and simple letter explaining why should we approve your application)

Franchise Applicant Name/Signature/Date

Approved by: _____