

Nova Gourmet Pte Ltd UEN 200412874M

FRANCHISE APPLICATION FORM



*Please tick brand interested

Thank you for considering our food establishment. This form will assist you in presenting your personal and business information in pursuance of franchising interest. Please note that filling of this form does not constitute a continuing obligation on either you or the company. Kindly complete this form & return to us by emailing to feedback@ambush.com.sg

FRANCHISE APPLICATION FORM

(I) APPLICANT INFORMATION

Franchiser Ownership	<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> Corporation
Applicant Name:			
Registered Business Address:			
Mailing Address (if different from above):			
Year of Incorporation:		Registration No:	
Entity Type:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Unlimited	
	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Publicly listed (State Exchange: _____)	
	<input type="checkbox"/> Others, please specify:		
Share Capital (USD):		Last FY Revenue (USD):	
Main Business Activities:			
Geographical Location/s of Business Activities:			
Contact Person:	(Dr/Mr/Mrs/Ms/Mdm)		
Designation:		Email:	
Tel (Business/ Home):		Tel (Mobile):	
Fax:		Website:	

(II) FRANCHISE INFORMATION

(Intended geographical location/s to operate franchise business:	1 st choice	2 nd choice	
Do you/ the company ownership of the commercial premises or access to landlord of these location/s?	Ownership		
	Landlord's Name: Remaining Lease Period:		
Franchise interest:	<input type="checkbox"/> Unit Franchise	<input type="checkbox"/> Area Franchise	<input type="checkbox"/> Master Franchise
Fund Available to invest in this Franchise:	<input type="checkbox"/> USD250,00 to USD500,000 <input type="checkbox"/> USD500,00 to USD1,000,000 <input type="checkbox"/> Above USD1,000,000 (Please specified amount: _____)		
Do your company/ shareholders have past experience or currently engaged in any retail of F&B, manufacturing/ production F&B product? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details of business (Company name, related brand, type of food sold etc.) _____ _____			
Year & period of business incorporation:			
Year: _____ Period: _____ Year/s _____ Month/s			

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(III) OTHER INFORMATION

a) How did you hear about our company/ brands?

b) Why are you/ the company interested in our business franchise?

c) What is the reason behind your favorable assessment of the specific location being suitable to operate the franchise business?

d) What further expansion potential do you see in our business franchise?

e) Have you/ your previous/ current company ever been declared or filed for bankruptcy? Yes No
Please provide details if answer yes.

f) Have you/ the company ever been prosecuted, or involved in a legal dispute (i.e., country court judgement etc...)?
 Yes No Please provide details if answer yes.

g) Have you ever been convicted of criminal offences? Yes No Please provide details if answer yes.

h) Please provide any other relevant information that would enable us to better assess your/ the company's suitability to franchise the business.

On behalf of the company, thank you for showing your genuine interest in our business franchise. We appreciate the time & effort put into the completion of this form. By signing the portion below indicate the facts that you have given are true to the best of your knowledge and belief, as well as consent to the use of this information for the purpose of assessing your application and carry-out such checks as are required. You agree to notify us of any changes to this information in writing and understand that omission or misinterpretation of information may result in removal from the franchise program.

Signature:		Date:	
Name:		Designation:	