



CEBU CFI COMMUNITY COOPERATIVE

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Facebook Page : <https://www.facebook.com/CFICoopOfficialPage/>
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CFI FIVE STAR FRANCHISE

Application Form

Date of Application: _____

FRANCHISE APPLICANT PERSONAL PARTICULAR:

Full Name : _____

Are you a member of Cebu CFI Coop? YES NO

Since when? _____

Mobile Number: _____ Email Address: _____

Residential Address: _____

Location of the proposed franchise outlet:

(Please attached the location or google map with nearby landmarks.) _____

Average Income from present business, employment occupation and profession: _____

Other Source of Income: _____ Total amount of funds available for the franchise: _____

Do you intend to borrow from Cebu CFI Coop? _____

YES NO If so, for how much? _____

Attached documents to show Proof of Income:

- A. Updated ITR
- B. One year Bank Statement
- C. Proof of salary if employed
- D. Financial Statement of any existing business

OTHER INFORMATION:

1 Do you have experience in operating the food business? _____

2. Why are you applying for the franchise? _____

3. What do you think you can be successful
in operating in a Five Star Franchise in your proposed outlet? _____

4. How many family members, relatives, friends or employees,
you already have in mind to work in the store on a full-time basis? _____

DECLARATION:

I do hereby represent that all of the above answers are true and complete to the best of my knowledge and belief. I recognized that Cebu CFI COOP is not in any way obligated to franchise a store to me because of our execution of this document.

I acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration nor cause revocation of any signed agreement with CEBU CFI COOP. I understand that an inquiry regarding my character, general reputation, personal characteristics, financial background and general fitness for being a CEBU CFI COOP franchisee may be made as a result of this application.

In addition, by signing below I release any and all former and / or present employers, and any other personal or business references, from any liability whatsoever in connection with CEBU CFI COOP attempts to investigate my background and determine my fitness to become a franchisee. I hereby authorized the release of any and all documents, records, and other information pertaining to me to CEBU CFI COOP. A copy of this authorization may be used in place of and shall be valid as the original.

I understand that this application is considered active for 60 days from the date below. I understand that CEBU CFI COOP reserve the right to reject my application without assigning any reasons whatsoever.

I confirm that I will immediately notify CEBU CFI COOP in writing off any changes to my personal data or any other information contained in this form. By completing this form, I consent to your collection, use and disclosure of my personal data for the purposes of evaluating the franchise application, and if my franchise application is approved, then for the further purposes of:

- (i) managing or terminating the franchise relationship; and
- (ii) conducting any other business or legal matters related (directly or indirectly) to the franchise relationship and operation of the five-star chicken outlet.

Applicant's Signature

Date

Section below is for CFI official use ONLY:

Application Verified on: _____

Application Verified by: _____