

FRANCHISE APPLICATION FORM



PLEASE ATTACH THE FOLLOWING WITH THIS FORM:

EDUCATION AND PROFESSIONAL CERTIFICATES

COMPANY REGISTRATION CERTIFICATE, PIN & VAT

ID & PIN COPIES OF APPLICANT AND ALL DIRECTORS

COMPANY / PERSONAL BANK STATEMENTS FOR THE LAST 6 MONTHS

LOCATION: _____

Name: _____

Address: _____

Mobile No. _____ **Alternative Tel No.** _____

Email: _____

PERSONAL INFORMATION:

Date of Birth: _____ **Marital Status:** _____

Spouse's Name: _____ **Spouse's Occupation:** _____

EDUCATION:

State your most recent educational experience, including name and location of institutions, years completed and certifications earned.

BUSINESS EXPERIENCE:

Present Occupation: _____

Name of Company: _____ **Years in Company:** _____

Address: _____ **Tel. No.** _____

Previous Occupation and Function: _____

Name of Company: _____ **Years in Company:** _____

BUSINESS INTEREST:

To what extent will you be actively involved in the day-to-day operations of the franchised business?

Are you able to invest **KES 150,000** in this franchise? YES [] NO []

Do you currently have an interest in any retail / food related business or any other business ventures? (If so, please describe)

What are your location preferences?

What will make you a successful **Seven 2 Seven** franchisee?

Will you and your family completely depend on the income of the **Seven 2 Seven** franchise?

Yes () No ()

If **yes**, what is your income expectation? _____

When could you start operating your franchise? _____

FINANCIAL INFORMATION:

Bank/Credit References

Contact Person

Telephone No.

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION:

Have you ever been convicted of any crime?

YES () NO ()

If **yes**, please state nature and status

Is there any pending suit, whether civil or criminal, of which you are a part of?

Yes () No ()

If **yes**, please state nature and status

PLEASE READ AND SIGN:

I HEREBY REPRESENT THAT ALL OF THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I RECOGNIZE THAT THE **SEVEN 2 SEVEN** FRANCHISE SYSTEM IS NOT IN ANY WAY OBLIGATED TO OFFER A FRANCHISE TO ME BECAUSE OF EXECUTION OF THIS DOCUMENT. I UNDERSTAND THAT ANY FALSE STATEMENT ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE TO DENY FURTHER CONSIDERATION. I UNDERSTAND THAT ANY INQUIRY REGARDING MY CHARACTER, PERSONAL CHARACTERISTICS AND FINANCIAL BACKGROUND MAYBE CONDUCTED AS A RESULT OF INFORMATION REQUIRED BY THE **SEVEN 2 SEVEN** FRANCHISE SYSTEM.

Official Name: _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____

PLEASE DELIVER COMPLETED FRANCHISE APPLICATION TO:

Broadwalk Limited, Broadway Bakery Limited, Factory Road, Thika

P.O. Box 25 – 01000, Thika, Kenya

Telephone: +254 (0) 700 727 727; +254 (0) 780 727 727

Email: info@seven2seven.co.ke Website: www.seven2seven.co.ke

