

# FIORGELATO

## INTERNATIONAL FRANCHISE APPLICATION FORM

Strictly Private and Confidential

This application does not obligate either party in any manner. Please complete this form as accurately as possible. We will use the information to assess your suitability as a potential FIORGELATO "The Pure Italian Ice Cream" Master Franchisee. Please use separate sheets when needed.

### PERSONAL DETAILS

|   |                        |             |
|---|------------------------|-------------|
| <b>Full Name:</b>                                       |                        |             |
| Surname   | First Name             | Middle Name |
| <b>Preferred Country or Territory:</b>                  |                        |             |
| <b>Home Address:</b>                                    |                        |             |
| Unit/Room No./Floor:                                    | Building:              |             |
| Street:   | Municipality/City:     |             |
| State/Country:  |                        |             |
| <b>How long have you lived at your present Address?</b> |                        |             |
| <b>What was your previous Address?</b>                  |                        |             |
| <b>Home Phone Number:</b>                               |                        |             |
| <b>Mobile Number:</b>                                   |                        |             |
| <b>Email Address:</b>                                   |                        |             |
| <b>Office Address:</b>                                  |                        |             |
| Unit/Room No./Floor:                                    | Building:              |             |
| Street:   | Municipality/City:     |             |
| State/Country:  |                        |             |
| <b>Office Phone Number:</b>                             |                        |             |
| <b>Date of Birth:</b>                                   |                        |             |
| <b>Age:</b>   | <b>Marital Status:</b> |             |
| <b>Spouse's Full Name:</b>                              |                        | <b>Age:</b> |
| <b>No. Of Children:</b>                                 | <b>Ages:</b>           |             |

### EMPLOYMENT HISTORY

List all employment experience for the past 3 years

|                                    |                |
|------------------------------------|----------------|
| <b>1. Company Affiliated with:</b> |                |
| <b>Address:</b>                    |                |
| <b>Position:</b>                   |                |
| <b>Inclusive Dates:</b>            |                |
| From: (MM/DD/YY)                   | To: (MM/DD/YR) |

|  |                |
|--|----------------|
| <b>Describe your responsibilities and number of people supervised:</b> |                |
| <br>   |                |
| <b>2. Company Affiliated with:</b>                                     |                |
| <b>Address:</b>  |                |
| <b>Position:</b>   |                |
| <b>Inclusive Dates:</b>  |                |
| From: (MM/DD/YR)   | To: (MM/DD/YR) |
| <b>Describe your responsibilities and number of people supervised:</b> |                |
| <br>   |                |

### PERSONAL FINANCIAL INFORMATION

|  |             |
|--|-------------|
| <b>Source of Income:</b>   |             |
| Wages or Salary:   |             |
| Bonus/Commission:  |             |
| Business Profit:   |             |
| Dividends Interest:  |             |
| Other Income:  |             |
| <b>Total Assets:</b>   |             |
| <b>Total Liabilities:</b>  |             |
| <b>Total Net Worth:</b>  |             |
| <b>How much capital are you willing to invest in developing the franchise FIORGELATO in the country/territory:</b> |             |
| <b>Will you have a business partner (s)?</b><br>(if yes, the partner should complete a separate form)              |             |
| <b>Please provide name of banks or finance companies where accounts are held and can be verified:</b>              |             |
| 1. Bank's Name:  |             |
| Address:   |             |
| Contact Person:  | Contact No. |
| 2. Bank's Name:  |             |
| Address:   |             |
| Contact Person:  | Contact No. |
| 3. Bank's Name:  |             |
| Address:   |             |
| Contact Person:  | Contact No. |

## GENERAL INFORMATION

|   |
|---|
| <b>Briefly, state why you want to invest a FIORGELATO Franchise?</b>  |
| <b>Do you have any franchising experience specifically food? If Yes, What Company?</b>  |
| <b>Will you be the Managing Director of your Franchise? If No, Who will be the Managing Director? Please state his/her relation to you and brief description of his/her background.</b>   |
| <b>When can you start operating the franchise in your country/territory?</b><br>_____ within 3 months      _____ 4 to 6 months      _____ 7 to 12 months<br>Others, please specify: _____ |

## ACKNOWLEDGEMENT

I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects and that no relevant details have been omitted.

I/We agree that FIORGELATO is collecting the information contained in this Application to assess whether I/we should be considered as a potential Franchisee;

I/We acknowledge that FIORGELATO is relying upon the information contained in this Application as a material factor in considering this Application;

I/We acknowledge and agree that FIORGELATO is authorized to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;

I/We acknowledge and agree that FIORGELATO may provide the information contained in this Application to its advisers, including its accountants, lawyers and consultants; and may retain copies of this Application for its records, whether or not this Application is successful.

Dated this \_\_\_\_\_ day of 20\_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME and Signature of Applicant