

APPLYING FOR:

- () BAKESHOP
 () FULL STORE
 () OTHERS

**GOLDILOCKS BAKESHOP, INC.
 FRANCHISE APPLICATION FORM**

Personal Information

In order for Goldilocks to commence processing your franchise application, you must complete the following questionnaire in its entirety

**MOST
 RECENT**

1 ½" X 1 ½"

COLOR PHOTO

| | | | | |
|---|----------------|-----------------------|---|-------------------------|
| Name (in full) | | | | |
| (Surname) | (First Name) | (Middle Name) | Age | |
| Residential Address (in full) | | Years of stay _____ | Do you <input type="checkbox"/> own home or <input type="checkbox"/> rent or <input type="checkbox"/> live with family / relatives | |
| Home tel. no. | Fax No. | e-mail | Cellphone | |
| Office Address in full | | | | |
| Office tel. no. | Fax No. | e-mail | | |
| Civil Status | Citizenship | Tax Identification No | SSS No. | Passport No. |
| Date of Birth | Place of Birth | Religion | CTC NO. | Date and Place of Issue |
| Name of Father & Mother (Family Name, First Name Middle Name) | | Age | Occupation / Business | |
| Name of Spouse (Family Name First Name Middle Name) | | Age | Occupation / Business | |
| Business/Office Address | | Tel. No. | | e-mail |
| Name(s) and age(s) of children | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Describe any physical disability or health limitation | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| <ul style="list-style-type: none"> ◆ Have you ever been convicted of any crime? ____ Yes ____ NO If yes, please give details. _____ ◆ Has any legal judgment ever been entered against you or your company or your employer where you were one of the litigants? ____ Yes ____ No If yes, please give details _____ ◆ Are you involved in any pending litigation? ____ Yes ____ No If yes, what is the case. _____ ◆ Have you ever declared personal / company bankruptcy? ____ Yes ____ No If yes, please give details _____ | | | | |

Educational Background

| Name and address of school | Inclusive years | Degree completed | Awards |
|---|-----------------------------------|---------------------|--------|
| High School | | | |
| College | | | |
| Post Graduate | | | |
| Previous seminars / training attended / completed | | | |
| <u>Inclusive dates</u> | <u>Name of Training / Seminar</u> | <u>Conducted by</u> | |
| | | | |
| | | | |
| | | | |

Business Experience

(Please indicate business/es currently operating and those, which closed, if any within the past 5 years use additional sheets if necessary)

| <i>Present Business</i> | <i>Position</i> | <i>Years in Business</i> | |
|---|-----------------|---|---------------|
| <i>Business Address (in full)</i> | <i>Tel. No.</i> | <i>Fax No.</i> | <i>E-mail</i> |
| <i>Nature of Business</i> | | | |
| <input type="checkbox"/> <i>Family owned enterprise</i> | | <input type="checkbox"/> <i>Private corporation</i> | |

Past Business/employment experience (Give last position first)

| <i>Date of employment / Start of business</i> | <i>End of Tenure/ Closure Date</i> | <i>Name of Company</i> | <i>Type of Business</i> | <i>Position held</i> |
|---|------------------------------------|------------------------|-------------------------|------------------------------------|
| <i>Address</i> | | <i>Tel. No.</i> | | |
| <i>Describe duties/responsibilities</i> | | | | <i>No. of employees supervised</i> |
| <i>Reason(s) for leaving /closure</i> | | | | |
| <i>Date of employment / Start of business</i> | <i>End of Tenure/ Closure Date</i> | <i>Name of Company</i> | <i>Type of Business</i> | <i>Position held</i> |
| <i>Address</i> | | <i>Tel. No.</i> | | |
| <i>Describe duties/responsibilities</i> | | | | <i>No. of employees supervised</i> |
| <i>Reason(s) for leaving /closure</i> | | | | |

Socio – Civic Affiliation

| <i>Membership in socio-civic organization (Pls. Indicate name and address of organization)</i> | | | | |
|---|------------------|----------------|-----------------|--|
| <i>Name</i> | <i>From – To</i> | <i>Address</i> | <i>Position</i> | |
| 1. _____ | _____ | _____ | _____ | |
| 2. _____ | _____ | _____ | _____ | |
| 3. _____ | _____ | _____ | _____ | |

Personal Financial Background

(In order for us to evaluate your personal / corporate ability to fund a Goldilocks franchise , please specify source of funding for the project.)

| Financial Assets | | Liabilities | |
|--|---|---|---|
| Cash (in bank) | P | Notes payable to any bank (pls.itemize) | P |
| Notes and accounts due me | P | | |
| Inventory | P | | |
| Marketable stocks/bonds | P | | |
| Statement of assets and liabilities | P | | |
| Total Current Assets | P | | |
| Real estate | P | Notes payable to others | P |
| Machinery and equipment | P | Taxes payable | P |
| Other stocks and bonds | P | Other liabilities due within one year | P |
| Automobiles, make and year | P | Total Current Assets | P |
| Cash surrender value-life insurance | P | Real estate mortgage | P |
| Other assets | P | notes and bills payable after one year | P |
| Other non-life current assets | P | Total non-current liabilities | P |
| Total Assets | P | Net worth | P |
| | | Total liabilities and net worth | P |
| Can you personally meet Goldilocks' financial requirements? ____ YES ____ NO From what source? Please specify. (Use additional sheets if necessary) | | | |
| <hr/> | | | |
| Total capital available to invest in a Goldilocks Franchise Store Outlet | | | |
| <hr/> | | | |

OTHER INFORMATION

| 1) If you are currently employed, or have other business / family concerns, how do you plan to manage the store considering the fact that you will be asked by Goldilocks to attend meetings, participate at franchise activities or undergo trainings? If you are not from Manila, are you willing and able to attend such activities in Manila or any other designated areas? | | | | | | | | | | | | | | | | |
|---|---------------------|---------------------|-----------------------|-----------------------|----------|-------|-------|-------|----------|-------|-------|-------|----------|-------|-------|-------|
| <hr/> | | | | | | | | | | | | | | | | |
| 2) Do you have any existing contractual business affiliations that may limit your involvement in a Goldilocks franchise store? Please give details | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | |
| 3) Do you / or your business partners / relatives currently own a franchise business? ____ Yes ____ No If yes, please state the franchisor's name, nature of business, date granted, number of stores and their addresses | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | |
| 4) If in the past you owned a franchise business, please state the franchisor's name, nature of business, date granted, and the store address. Please indicate the reason for ending the franchise. | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | |
| 5) Are you / or your family related by blood or marriage to any Goldilocks employee or Franchise Managing Director? - ____ YES ____ No If yes, please give details. | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | |
| 6) If you will be granted a franchise, who will have the equity in the franchise store? To what extent? | | | | | | | | | | | | | | | | |
| <table border="0"> <thead> <tr> <th><u>Name</u></th> <th><u>Relationship</u></th> <th><u>% Share</u></th> <th><u>Responsibility</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Name</u> | <u>Relationship</u> | <u>% Share</u> | <u>Responsibility</u> | 1. _____ | _____ | _____ | _____ | 2. _____ | _____ | _____ | _____ | 3. _____ | _____ | _____ | _____ |
| <u>Name</u> | <u>Relationship</u> | <u>% Share</u> | <u>Responsibility</u> | | | | | | | | | | | | | |
| 1. _____ | _____ | _____ | _____ | | | | | | | | | | | | | |
| 2. _____ | _____ | _____ | _____ | | | | | | | | | | | | | |
| 3. _____ | _____ | _____ | _____ | | | | | | | | | | | | | |
| 7) Do any of the above -listed stockholders/spouse/relatives own a share / interest in another franchise bakeshop/fastfood restaurant? ____ Yes ____ NO If YES, please give details.. | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | | |
| 8) How much time will you spend in the management of a Goldilocks store? | | | | | | | | | | | | | | | | |

Daily - (no. of hours) _____

Weekly - (no. of days) _____

9) Will you be actively involved and have full operational and financial control of the day to day operations of the store?
Please state details and explain

10) How soon can you invest and enter into a Goldilocks franchise agreement?

LOCATION REFERENCE

11) What specific geographical area/site are you interested in? What is the potential of this site? What do you know about the surrounding establishments? Where will your potential customers be coming from? (Please fill up the attached Site Information Sheet)

12) For the above site will you build or lease?

REFERENCES

Bank / Credit References (Please indicate contact person/s where accounts are held)

| <u>Name</u> | <u>Address & Tel. No.</u> | <u>Contact Person</u> <u>How long known</u> | <u>Relationship/</u> |
|-------------|-------------------------------|--|----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Personal References (exclude relatives)

| <u>Name</u> | <u>Address & Tel. No.</u> | <u>How long known</u> | <u>Relationship</u> |
|-------------|-------------------------------|-----------------------|---------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

SUPPLY AND TRADE REFERENCE

| <u>Name of Supplier</u> | <u>Company Address</u> | <u>Tel. No.</u> | <u>Product/Services</u> <u>Contact Person</u> |
|-------------------------|------------------------|-----------------|--|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

CERTIFICATION

By signing below, I confirm that all the information given by me in this six-page form is current, true and correct.

I hereby authorize GOLDILOCKS BAKE SHOP INC. to verify and investigate the undersigned from whatever source deemed appropriate.

I fully understand that falsifying any information contained herein is sufficient ground for rejection of my application or termination of any contract that may hereafter be executed between GOLDILOCKS BAKE SHOP INC. and the undersigned franchise applicant.

I understand that the filling of this application does not obligate the applicant to purchase or for GOLDILOCKS BAKE SHOP INC. to grant a franchise.

Signature of applicant

Date

I authorize Goldilocks Bakeshop, Inc. to obtain such information as may be required concerning the statements contained in this application and agree that the application shall remain Goldilocks Bakeshop, Inc. property whether or not the franchise is granted. The undersigned certifies that the statements and information furnished in this Franchise Application are true and complete. It is farther understood that the Franchise Application is not a contract and this form incurs no obligation in any manner or either party.

Signature

Date

AUTHORIZATION

Date: _____

In connection with my application for a franchisee with Goldilocks Bakeshop, I hereby authorize Goldilocks Bakeshop, Inc. or its agent, to contact any present or past employer, school, financial institution, law enforcement agency, reference or any other person, firm or corporation. I authorize and request any of the firms or persons contacted to provide all information concerning me and I hereby release said firms, institutions and their agents and employee from all liability and responsibility from releasing this information concerning my school work, my work habits, character or skill, credit history or criminal history Goldilocks Bakeshop, Inc. agrees to maintain and restrict the use of this information in connection with my Franchise Application.

I am willing and request that a Photocopy of this Authorization be accepted with the same authority as the original

Print Name: _____

Signature: _____

Attestation of Financial Data

The statement in this application of all my assets and liabilities is made as of the _____ day of _____ 20____. I hereby attest the accuracy of my financial data and authorize Goldilocks Bakeshop, or their authorized agent(s) to verify any and all data submitted, and to make any additional credit checks they deem necessary.

I further authorize Goldilocks Bakeshop Inc. or its agents to release to perspective financial sources such financial and other information concerning me/us in their files as may be requested.

Signature of applicant

Support Documents Needed

- 1) Proof of Address

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- 2) Audited Income Tax Returns / Balance Sheets (for last 3 years) for existing business. If no existing business, Individual Tax Return
- 3) If with past legal cases, present court resolution
- 4) Bank Certification of funds to cover the Investment Cost
- 5) 2 gov't issued IDs