



# Franchise Application Form

- I wish to find out more about the franchise opportunity available and how I can be part of Expats Furniture Rental success story.
- We/ I wish to enquire and register my interest as a prospective franchisee. I understand that the Application Fee of **US\$1,000 is non-refundable**. By accepting payment of the registration fee, Expats Furniture Rental registers my interest in the franchise opportunity for a validity period of 3 months from the date of payment.

- Individual Applicant** (Please complete Sessions 1, 3, 4 & 5)
- Corporate Applicant** (Please complete Sessions 2, 3, 4 & 5)

## 1. Individual Applicant

Full Name	
Date of Birth	
Age	
Sex	
Marital Status	
Citizenship	
NRIC/Passport No.	
Mailing Address	
Mobile	
Fax	
Present Occupation	
Name of Employer	
Engaged in Business	<input type="checkbox"/> Yes, Nature of Business: _____ <input type="checkbox"/> No
Name of Company	Annual Sales Revenue
Interested In	<input type="checkbox"/> <b>Unit Franchise</b> <input type="checkbox"/> <b>Master Franchise</b> <input type="checkbox"/> <b>Area Franchise</b>

### Employment History

Period	Name of Employer	Position

**2. Corporate Applicant**

Name of Applicant Company			
Interested In	<input type="checkbox"/> <b>Unit Franchise</b> <input type="checkbox"/> <b>Master Franchise</b> <input type="checkbox"/> <b>Area Franchise</b>		
Contact Person		Designation	
Registered Address			
Country of Incorporation / Registration		City	
Year of Incorporation		Paid-up Capital	
Telephone		Fax	
Email		Website	
Business Format	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Listed Company <input type="checkbox"/> Others (Please specify): _____		
Type(s) of Business Activity			
Current Staff Strength	<input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> above 200		
Annual Sales Revenue			

**Shareholders Information (Please list top 5 shareholders according to shares held)**

Name of Individual/Company	Nationality/Country of Incorporation	% of Shareholding

**Companies Wholly or Partially-owned by Applicant Company**

Name of Company	Country of Incorporation	% of Ownership

Countries where Applicant Company or its subsidiaries has operations: \_\_\_\_\_

### 3. Applicant's Objectives and Experience

Geographical area intended to set up the Expats Furniture Rental franchise:

S/N	Country	State/Province	Premises	Remarks

**Have you or your company had any experience in operating Furniture related Business?**

- No  
 Yes, please provide the name and portrayal of the business:

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**Is the said business still continuing?**  Yes  No

**Have you or your company had any experience in operating a franchise?**

- No  
 Yes, please provide the name(s) and portrayal(s) of the business(s):

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**Is the said franchise(s) still continuing?**

- Yes  
 No, it has ended/expired in \_\_\_\_\_, total no. of years in operation: \_\_\_\_\_

#### 4. Financial and Legal Information

<b>Funds available for investing in the franchise:</b>
<b>How do you intend to raise the fund?</b> <input type="checkbox"/> Retained Earnings <input type="checkbox"/> External Investor(s) <input type="checkbox"/> Loan <input type="checkbox"/> Company Investment arm <input type="checkbox"/> Others (Please specify): _____
<b>Have you ever been declared bankrupt or still is a director / shareholder of a liquidated company?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide details): _____
<b>Are you currently involved in any lawsuits or pending any legal actions?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide details): _____

#### 5. Declaration

I declare that the information furnished here is true and accurate to the best of my knowledge. I understand that any misinterpretation or omission of information may be sufficient cause for cancellation of this application.

I hereby authorize **Expats Furniture Rental Pte Ltd** or its authorized agent or affiliates to obtain any of the above information and I authorized the release of such information to **Expats Furniture Rental Pte Ltd** or its authorized agent and affiliates.

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

**Please complete and return this form to:**

**The Franchise Manager**  
**Expats Furniture Rental Pte Ltd**  
1 Bukit Batok Crescent  
#03-41 Wcega Plaza  
Singapore 658064  
Tel: (65) 6276 7606 Fax: (65) 6276 7992  
Email: franchise@efr.com.sg