

## FRANCHISE APPLICATION FORM

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ Contact No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Business / Career Record: \_\_\_\_\_

Relevant Education Background: \_\_\_\_\_

I'm interested in:

Single unit Franchise

Area Franchise

Country Franchise

Available Funds for setting up franchise: \_\_\_\_\_

Have I been charged in court and be convicted? Yes / No

If Yes, please provide details: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

I confirm my genuine interest in the Franchise offered by Golden Pillow 933 and that the facts furnished by me above are true. I understand that the business concepts and all other relevant information provided on the Franchise Program are confidential, and agree that such information will not be disclosed to any external party.

\_\_\_\_\_  
Name & Signature / Date

The information furnished in this application form is strictly confidential. Golden Pillow 933 reserves the right to reject any franchise application without any obligations to reveal the reason (s)