



STRICTLY PRIVATE & CONFIDENTIAL

NO REFERENCES WILL BE TAKEN UP AT THIS STAGE AND NOT WITHOUT YOUR EXPRESS PERMISSION

The completion of this application form does not obligate you or O'Briens in any way or manner. This is not a contract. Incomplete applications delay processing.

FRANCHISE APPLICATION FORM

DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY O'BRIENS PERSONNEL ONLY.

- 1. Note:
- 2. Note:
- 3. Note:
- 4. Note:
- 5. Note:
- 6. Note:

Headquarters:

No 2A-3, Jalan Metro Pudu 2,
Fraser Business Park,
55100 Kuala Lumpur

TELEPHONE: 603-9222 3646

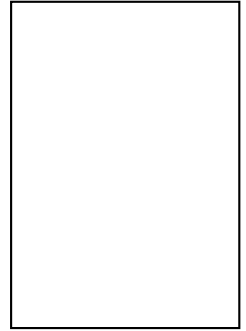
FAX: 603-9221 3649

E-MAIL: Info@obriens.com.my

Franchise Application Form

Please return to:

No 2A-3, Jalan Metro Pudu 2, Fraser Business Park
55100 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur



Mark the envelope as private & confidential

Please place passport type photo here

PERSONAL PROFILE			
Surname		Marital Status	
Forenames		Name of Spouse/Partner	
Date of Birth		Number of Children	
Sex	Male / Female	Ages of Children	
IC/Passport Number		Telephone (Home)	
Mobile		Telephone (Work)	
Email		Fax	
Home Address		Ownership	Owned / Rented
		How long have you been residing at this address?	

Have you ever been self-employed? If yes, please explain:

Have you ever had or suffer from any serious illness? If yes, please explain:

Have you ever been declined of life accident or health insurance? If yes, please explain:

Have you ever been convicted of any charge other than minor traffic offences? If yes, please explain:

Are there any outstanding judgements against you? If yes, please explain:

EDUCATIONAL PROFILE

At what age did you leave school?		Your Last School	
Did you attend college/higher education?		Name of Institution	
From		Qualification Achieved	
To			

BACKGROUND INFORMATION

How did you hear about the O'Briens Franchise?

Have you ever visited an O'Briens Store? If yes, where?

Do you personally know anyone involved in the company?

Do you know any of our franchise partners?

Are you willing to devote your full time and attention to the proposed operation? If no, please explain:

Where would you like to locate your O'Briens business?

First Choice: _____
Second Choice: _____
Third Choice: _____

Which business size would you be aspired to? Please tick one below:

Single Store Two Stores Multiple Stores

Please briefly describe what is motivating you to consider the O'Briens franchise opportunity.

FINANCIAL INFORMATION

Please note processing of this application will not begin until all relevant information is submitted. No references given will be taken up without your express permission. All information provided is strictly private & confidential.

PERSONAL ASSETS

Cash on Hand / In Bank		Publicly quoted investments	
Private Investments		Cash value of life insurance	
Receivables		Market Value of House	
Other Property		Car(s)	
Other Assets		Person to contact at bank	
TOTAL ASSETS		Banker's Name	
NOTES		Banker's Address	

PERSONAL LIABILITIES

Personal Loans		Current mortgage balance on house	
Bank Overdraft		Current mortgage balance on other property	
Leasing		Other Liabilities	
Personal Guarantees		Solicitor's Name	
TOTAL LIABILITIES		Firm	
NOTES		Address	

Are your bankers aware of your intentions with regards to O'Briens? Yes No

Are you able to commit a minimum of RM 300,000 to the venture from your own resources? Yes No

If no, is there any reason why you would not be able to finance the balance required?

MONTHLY INCOME

Salary / Wages		Bonuses / Commission	
Dividends & Bank Interest		Rental Income	
Other Income		TOTAL INCOME	

MONTHLY EXPENSES

Rent / Mortgage		Incidentals	
Food & Household		Credit Cards	
Pension / Medical		Car Loans	
Other Expenditure		Other Loans	
TOTAL EXPENSES			

Amount of cash available for investment in the new business: RM _____

Source of Funds: Savings Bank Loan

Other: _____

What is your minimum monthly income requirement? RM _____

Does your spouse / partner contribute to household expenses? Yes No

PERSONAL REFERENCES

(Relations are not acceptable as personal references. Please provide two references.)

Name		Name	
Telephone		Telephone	
Address		Address	

BUSINESS / TRADE REFERENCES

(Please provide two references)

Name		Name	
Telephone		Telephone	
Address		Address	
Length of Business Association		Length of Business Association	

YOUR ACCOUNTANT DETAILS

Name	
Firm	
Address	

BUSINESS EXPERIENCE

(Beginning with the most recent)

From		To	
Company Name		Your Position	
Brief Description of Firm's Activities			
From		To	
Company Name		Your Position	
Brief Description of Firm's Activities			
From		To	
Company Name		Your Position	
Brief Description of Firm's Activities			

Signature: _____

Date: _____

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- 1.
- 2.
- 3.