



Franchise Enquiry and Registration Form

- I wish to find out more about the franchise opportunity available and how I can be part of **Waraku** success story.
- I wish to enquire and register my interest as a prospective franchisee. I understand that the **non- refundable** Registration Fee is **US\$1,000** for local franchising. By accepting payment of the registration fee, the Franchisor registers my interest in the franchise opportunity for a **validity period of 6 months** from the date of payment.

Name (Dr/Mr/Mrs/Miss/Mdm): _____

Designation: _____

Name of Company: _____

Nationality: _____

NRIC / Passport Number: _____ **Age:** ____ **Marital Status:**

Mailing Address: _____

Contact Number: _____ **(Office)** _____ **(Home)**
_____ **(Mobile)**

Email: _____



Interested In: _____ Unit Franchising _____ Area Franchising
_____ Master Franchise

- Which geographical area are you most interested in?

- Have you or your company any experience in Related Business(s)? (Please give details.)

- Have you or your company had any experience in dealing with any other Franchise Business? (Please give details.)

- How do you intend to raise the sum?

- A. Through my personal investment
- B. Through my company investment arm
- C. Others. (Please fill in the details.

- Have you ever been made in a bankrupt – been a director/ shareholder of a company which has been liquidated?



- No.
- Yes. (Please give more details.)

▪ **Are you currently involved in any lawsuits or pending any legal actions?**

- No.
- Yes. (Please give more details.)

I certify that the information furnished in this Franchise Enquiry & Registration is correct as of the stated date. I understand that I am receiving proprietary information from the Franchisor. I also understand the information received from any of the Franchisor's associate, partner, employee, agent or franchisee is confidential. It is agreed that this information made available to me through this Enquiry and Registration will be maintained with the highest level of confidentiality.

Signature: _____

Name: _____

Date: _____

Please complete and return form to:

Waraku International Pte Ltd

Address

Telephone/Fax/Email