



**PAGI SORE INDONESIAN RESTAURANT PTE LTD  
FRANCHISEE APPLICATION AND EVALUATION FORM**

- I wish to find out more about the franchise opportunity available and how I can be part of **Pagi Sore Indonesian Restaurant** success story.
- I wish to enquire and register my interest as a prospective franchisee. I understand that upon signing of the letter of intent for local (Singapore) franchising, I will be required to pay a non-refundable fee of **S\$1000.00**. By accepting payment of the registration fee, the Franchisor registers my interest in the franchise opportunity for a validity period of **six (6) months** from the date of payment.

<b>Name (Dr/Mr/Mrs/Miss/Mdm):</b>	
<b>Designation:</b>	
<b>Name of Company:</b>	
<b>ROC No.:</b>	
<b>Nationality</b>	
<b>NRIC/Passport No.:</b>	
<b>Mailing Address:</b>	
<b>Contact No.:</b>	
<b>Email:</b>	

<b>Franchise Type:</b>	<input type="checkbox"/>	<b>UNIT FRANCHISE</b>	<input type="checkbox"/>	<b>MASTER FRANCHISE</b>	<input type="checkbox"/>	<b>AREA FRANCHISE</b>
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<b>Which Geographical Area are you most interested in?</b>

<b>Have you or your company dealt with related business(s) previously? (Please elaborate)</b>

<b>Have you or your company dealt with any other Franchise Business(s) previously? (Please elaborate)</b>

<b>How are you or your company raising the funds required for the endeavour? (Tick Relevant Ans)</b>
<input type="checkbox"/> <b>Personal Investment</b>
<input type="checkbox"/> <b>Investors</b>
<b>Others (Details):</b>

**Have you ever been made a bankrupt and/or been a director/shareholder of a company which has been liquidated? (Tick Relevant Ans)**

**No**

**Yes (Please elaborate below)**

**Are you currently involved in any lawsuits or pending any legal actions? (Tick Relevant Ans)**

**No**

**Yes (Please elaborate below)**

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:

**Pagi Sore Indonesian Restaurant Pte Ltd**  
88/90 Telok Ayer Street, Far East Square  
Singapore 048470

Pagi Sore  
1989

Philosophy and Values
<b>How did you come to know of this franchisee offer?</b>
<b>Why do you wish to venture into franchising?</b>
<b>Please share with us your philosophy and values on business operations, business ethics and your thoughts on customer relations and food quality.</b>

Commitment
<b>Are you prepared to commit to this business for at least 5 years?</b>

Financial Qualifications
<b>Will you be able to provide evidence of your financial standing with regards to the franchise offer?</b>

Understanding Concepts of Franchising
<b>Do you have prior knowledge of franchising?</b>
<b>Where did you learn about franchising?</b>
<b>What do you think franchising is, in your own words?</b>



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**Entrepreneurial Spirit**

**Do you possess an entrepreneurial spirit? (Please elaborate on past experiences)**


**Training**

**Are you prepared to be personally involved in the training that we will provide?**


**Are you prepared to complete the training program successfully?**


**Willingness to devote to the operations**

**Are you prepared and willing to devote full time to this franchise business?**


**If no, why not? And who will you appoint to manage this business?**


**Is your spouse and/or family members likely to support you in this business venture?**


**Overall business experience**

**Do you have any prior business experience in a related or totally unrelated field?**


**Are you able to provide evidence of said business(s)?**
