



KOPIFELLAS CAFE SINGLE UNIT FRANCHISE APPLICATION FORM

Thank you for your interest in the Kopifellas Cafe Area Franchise. Please complete this form and return it to us by email to bizdev_sg@kopifellas.com. All information provided will be kept strictly confidential.

For Individual Applicants:

- This refers to applicants who are applying for the franchise on an individual basis and plan to incorporate a new business entity (unrelated to your existing business, if any) to manage the franchise business.
- Individual applicants are to complete **Section 1A, Section 2 and Section 3.**

For Corporate Applicants:

- This refers to applicants who are applying for the franchise on behalf of their company and plan to manage the franchise business under the existing company or a new subsidiary/related company.
- Corporate applicants are to complete **Section 1B, Section 2 and Section 3.**

Territory of Interest:

SECTION 1A: INDIVIDUAL APPLICANT'S PERSONAL DETAILS

Applicant's name: *(Mr/Mrs/Miss/Mdm)

Address:

Contact number:

Email:

Current and past employment record:

<u>Period</u>	<u>Name of Company</u>	<u>Designation</u>
(1)		
(2)		
(3)		

If you are an existing business owner, please provide the following details:

Name of company:



Company website:

Type of business activities:

Please proceed to Section 2.

SECTION 1B: CORPORATE APPLICANT'S DETAILS

Name of Applicant Company:

Name of contact person: *(Mr/Mrs/Miss/Mdm)

Designation:

Contact number: _____ **Email:** _____

Company registered address:

City: _____ **Country:** _____

Company website:

Business type: Sole Proprietorship Partnership Private Limited Public Listed

Country of incorporation: _____ **Year of incorporation:** _____

Company registration number: _____ **Paid-up capital:** _____

Types of business activities and countries where the company is operating in:

Current Staff Strength: 1 to 20 21 to 50 51 to 100 101 to 200 Above 200

Corporate structure: Please list the top 3 shareholders according to the % of shares held:

<u>Name of Individual or Company</u>	<u>Country of Incorporation (if applicable)</u>	<u>Shareholding (%)</u>
(1)		
(2)		
(3)		



Companies wholly or partly owned by Company:

<u>Name of Company</u>	<u>Country of Incorporation</u>	<u>Shareholding (%)</u>
(1)		
(2)		
(3)		

Corporate financials:

Year	FY: 20__	FY: 20__	(Latest FY) 20__
Total Revenue			
Pre-tax Profit or Loss			

Will you be willing to disclose audited financial statements for the past 3 years if requested by the Franchisor for verification purposes? Yes No

Please Proceed to Section 2

SECTION 2: THE KOPIFELLAS CAFE FRANCHISE

What are the main reasons behind your interest in the Kopifellas Cafe Area Franchise for your territory?

1.
2.
3.



Please state the locations you have identified and deemed suitable to set up the Kopifellas Cafe outlets (~700 sq ft)?

	Address/Location	Outlet Size	Date of Availability
1.			
2.			
3.			
4.			
5.			

INVESTMENT CAPITAL

Funds available to invest in this franchise:

- Less than S\$250,000
- S\$250,001 – S\$500,000
- S\$500,001 – S\$ 1 million
- More than S\$1 million

Source of funds:

- Retained Earnings
- External Investors
- Loans
- Others (please specify):

Will you be the Key Person involved in managing the franchise business?

- Yes
- No

If not, please state below the Key Person who will be managing the franchise business:

Name of Key Person:

Relationship to Applicant (for individual applicants)/Designation (for corporate applicants):



Does the Key Person have any relevant experience to manage the franchise business?

- Yes No

If yes, please provide details below:

Has your company or the Key Person operated a franchise business before?

- Yes No

If yes, please provide the names of the franchise business(es) and provide a description of each. Also specify if any of the franchise business(es) is/are still operating.

Please include any other information that you think is relevant to support your application for the Kopifellas Cafe Area Franchise.



SECTION 3: DECLARATION

<p>Are you aware of any circumstances regarding health or capacity to work that might interfere with your ability to manage the franchise?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:</p>
<p>Have you or your directors ever been convicted of a criminal offence or are you currently involved in a criminal proceeding?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:</p>
<p>Are you or your directors now or in the past 5 years, been a party, plaintiff or defendant in any type of civil litigation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:</p>
<p>Have you, the company or its directors (or any companies which you have been a director in), ever declared bankruptcy or become insolvent?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:</p>

I declare that all information provided herein is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information may affect the outcome of this application. I understand and give consent for the Franchisor to use the above information as part of its process to evaluate my franchise application.

Signature

Date

Full Name