



FRANCHISE ENQUIRY FORM

Please complete and return this form to Jollibean Foods Pte Ltd by faxing to (65)67468802 or e-mail to customers@jollibean.com.sg. All information will be kept strictly confidential.

Name: _____ Company: _____

Address: _____

Postal Code: _____ E-mail: _____

Telephone: _____ (Office) _____ (Home) _____ (Mobile)

Fax: _____ Age: _____ Marital Status: Single / Married

1. Which location/country are you interested in running a Jollibean Franchise :

Please indicate location/country: _____

If overseas country, are you working with a local party? Yes / No

2. Are you interested in a Master Franchise Area Franchise Single-Unit Franchise

3. Current Occupation & Brief Career Record:

4. Who will be involved in operating the Business: (If it's someone else, pls state his/her experience.)

5. Do you have past working experience in related trade? Yes / No

If yes, pls state: _____

6. Do you currently own or lease premises that may be suitable for a Jollibean franchise outlet? Yes / No

If yes, please state location: _____

7. How familiar are you with franchising: Very / Fairly / Little / Not

8. Please state your funds available for this business venture (pls complete this question) : S\$ _____

9. How did you become aware of the Jollibean franchise?

I confirm my genuine interest in the Jollibean Franchise Opportunity and that the facts furnished above are true.

Signature

Date

Jollibean Foods Pte Ltd

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