

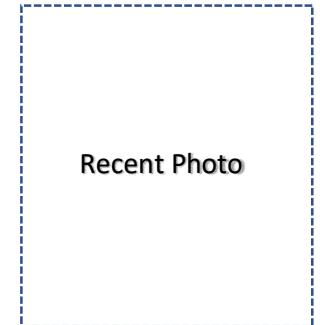


## Unit Franchise Application – Singapore

Thank you for your interest in Yu Zhong Bu Tong. Please complete the following form in English or Chinese and return to [franchise@yuzhongbutong.com](mailto:franchise@yuzhongbutong.com). All information will be kept strictly confidential.

### 1. Personal Particulars

Name		Gender	
Date of Birth		Mobile No.	
Age		Fax No.	
Marital Status		E-mail Address	
Nationality		NRIC/Passport No.	
Residential Address			



### 2. General Information

Where did you hear about Yu Zhong Bu Tong?
What attracts you to the Yu Zhong Bu Tong Franchise?
List the Yu Zhong Bu Tong locations you had visited:
When will you be available to open this business?
Where will be your preferred location to set up your franchise?

### 3. Employment History

Present Occupation		Date Joined	
Name of Employer			
Business Address			
Duties/Responsibilities			
Previous Employment	Period	Name of Employer	Position
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Reference	1. Referee Name:	Company:
	Position:	Phone:
	2. Referee Name:	Company:
	Position:	Phone:
	3. Referee Name:	Company:
	Position:	Phone:

#### 4. Self-Employment

Are you currently self-employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain the nature of business:		
Name of Company		Annual Turnover (\$\$)

#### 5. Additional Information

What do you want to achieve in your life that brings you Joy?
Do you have any experience in operating a franchise?
<input type="checkbox"/> Yes, please provide the name and description of the business:
<input type="checkbox"/> No
Do you have any experience in operating a Food & Beverage business?
<input type="checkbox"/> Yes, please provide the name and description of the business:
<input type="checkbox"/> No
Do you or any of your immediate family members own/have owned an F&B business?
<input type="checkbox"/> Yes, please provide the name and description of the business:
<input type="checkbox"/> No

Do you or any of your immediate family members own/have owned any other food or retail franchises?

Yes, please provide the franchise brand & concept

No

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Will you be working *full-time* in Yu Zhong Bu Tong Franchise business?

Yes

No, who would be operating the franchise business on a daily basis?

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Will you have a business partner(s)?

Yes, please ask your business partner(s) to submit a separate application form

No

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Why do you believe you would be a successful Yu Zhong Bu Tong Franchisee?

**6. Financial Standing**

How much are you willing to invest for the entire franchise term?	
What level of income do you expect to earn from this franchise business?	Per Month:  Per Year:
How will the franchise development be financed if your current funds are less than required?	

**7. Declaration**

I declare that the above information is true and complete to the best of my knowledge. I recognize that this application is in no way binding upon either party and that Yu Zhong Bu Tong (“the Company”) is not in any way obligated to franchise an outlet to me because of our execution of this document. I acknowledge that the Company is relying on the information provided herein in evaluating the application for the franchise rights, and that any misinterpretation or omission of information shall be considered sufficient cause for cancellation of this application. I hereby authorize the Company or its authorized agent or affiliates to obtain any of the above information and I authorized the release of such information to the Company or its authorized agent and affiliates.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_