



Please attach a recent 2x2 photo.

Side Chicks Confidential Franchise Pre-qualification Form

The purpose of this form is to gather general information from the applicant to help evaluate the applicant's qualifications for a Side Chicks Franchise. Please print legibly in all requested fields and indicate NONE or N/A if not applicable. You may use additional sheets if necessary.

I. Personal Data				
Last Name		First Name		Middle Name
Birthdate		Age		Gender
TIN No.		SSS No.		CTC No. (Cedula)
Telephone No.		Mobile No.		Email Address
Residential Address			Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Rented	Years in residence
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Married		Nationality		Religion
Names of Parents <input type="checkbox"/> Father: _____ <input type="checkbox"/> Mother: _____		Age	Occupation / Business	
Name of Spouse		Age	Occupation / Business	
Names of Children or Other Dependents 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		Age	Occupation / Business	

II. Work Experience	
Name of Employer	Position
Office Address	
Date of Employment	Reason for Leaving

III. Business Experience	
Business Name	Position
Business Address	
Telephone No.	Email Address
Nature of Business	Type of Ownership
Years Operational?	If closed/inactive, kindly state reason why:
When and how did your business start?	
What are the major milestones in your business within the past five (5) years?	
How much time do you spend in your business?	
Does your business have any pending legal cases in court?	
Amount of Capitalization of Business?	
Please attach a copy of your Financial Statements for the past three (3) years.	

IV. Educational Background			
	Name of School	Inclusive Years	Degree Completed
Post-graduate			
College			
High School			
Elementary School			

V. Financials
Monthly Income (Current)
Salary
Commission and Bonuses
Business Income
Other Income (please specify sources)

Assets		
	Nature of Asset	Amount
Cash on Hand and in Bank		
Accounts and Loan Receivables		
Securities, Stocks, Bonds		
Real Estate Property		
Vehicles (Registered in Own Name)		
Other Assets		

Liabilities		
	Nature of Liability	Amount
Please state existing debts/liabilities		
Accounts Payable to Bank		
Real Estate Mortgage Payable		
Other Liabilities		

VI. Applicant's Franchise Business Plan

Why are you interested in a Side Chicks Franchise?

How did you learn about Side Chicks Franchising?

Please indicate your proposed location or site (if you have any in particular)

How do you plan to own and operate the Franchise?

Ownership

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Corporation

Management

- ☐ full-time
- ☐ through a Managing partner

If corporation, please enumerate list of stockholders:

Names of Stockholders

1. _____
2. _____
3. _____
4. _____
5. _____

Equity Share

Position

Amount of capital available for the business: _____

Source of capital:

- | | |
|--|---|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Partners' Funds |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Loan |
| <input type="checkbox"/> Existing Business Profits | <input type="checkbox"/> Other Sources: _____ |

If you need additional funds, how much and how do you plan to obtain it?

Do you, or any of your relatives to the 3rd degree, presently own or have previously owned a business or franchise relating to the food industry? Please state details.

- a. Name: _____
- b. Nature of franchise: _____
- c. Years operational: _____

Do you presently own or have previously owned a franchise of any brand? Please state details.

- a. Name: _____
- b. Nature of franchise: _____
- c. Years operational: _____

Do you have any pending application for franchise of any other brand?

VII. References		
Character Reference		
Name		
Address	Telephone/Mobile No.	Email Address
Relationship to the Applicant		Occupation/Business

Employer Reference		
Name		
Address	Telephone/Mobile No.	Email Address
Employer/Business Name		Position

Business Reference		
Name		
Address	Telephone/Mobile No.	Email Address
Employer/Business Name		Position

VIII. Bank References	
Name of Bank	Branch
Account No.	
Are you willing to submit an updated bank certification?	

IX. Certification

By signing and submitting this document, I hereby confirm that all information given above and all supporting documents attached herewith are true and correct. I fully understand that falsifying any information contained herein is sufficient ground for rejection of my application or termination of any contract that may hereafter be executed between Golden Gourmet Food Group Corporation or its affiliates and the undersigned franchise applicant.

I hereby confirm that I voluntarily submit this form along with the attached supporting documents, and that I agree to submit further documents that will be required of me for purposes of my application for a Side Chicks Franchise.

I hereby authorize Golden Gourmet Food Group Corporation to verify all provided information and to obtain additional information from past and present employers, banks, any other financial institutions, or any other person who has personal knowledge of my character, work experience, or criminal record.

Applicant's signature over printed name

Date of Application

Please submit your accomplished Franchise Application Form
along with a Letter of Intent and other requested documents to:
GOLDEN GOURMET FOOD GROUP CORPORATION

c/o Ms. Judy Ang
General Manager

Mobile: +63 917-623-0191
Email: goldengourmetfoodgroupph@gmail.com