



# Franchise Application Form

First Name: ..... Middle Names: .....

Surname: ..... Nationality: .....

I.D. Number: ..... Marital Status: .....

Residential Address: .....

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Postal Address: .....

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..... Postal Code: .....

Tel (Work): ..... Telephone (Home): .....

Tel (Cell): ..... E-Mail: .....

Preferred Location Site: .....

Which type of store are you interested in?

Mi-Vami Fast Food

MiVami Grill

What is the available non-borrowed amount you have at your disposal for set up of a possible store?

Amount: ..... When will you be able to begin trading? .....

Who will operate the store? .....

How much time will you dedicate to the business? .....

Will you employ a qualified & experienced Full / Part-time Manager?  Yes  No

Do you have an experience in the food industry?  Yes  No

If Yes, please describe where, when & for how long: .....

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I the undersigned hereby certify that all the information supplied on this questionnaire is true & accurate

\_\_\_\_\_  
Signature of Applicant