

SEED 334

新學籽教室

SEED334 Franchise Application

Thank you for your interest in SEED334 Franchise opportunities. The completion and submission of this form places no continuing obligation on either you or the company. It will provide information we need to discuss further about becoming an SEED334 Franchisee. All information provided will be treated with the strictest confidence.

If you have any questions regarding to this form, please contact us on info@classroom334.com.

Personal Information (For all persons involved in ownership of business)

Person 1

Name	Date of Birth	Phone	Gender
Address	Email	City/State	

Person 2

Name	Date of Birth	Phone	Gender
Address	Email	City/State	

Business and Employment History (Feel free to add lines, if necessary)

From	To	Organization	Position Held	Salary (HK\$)

Current Employment Status: Full Time: Part Time: Self-employed: Unemployed:

- Have you ever owned a franchise or your own business?
No: Yes: (Type of Business: _____)
- Have you ever failed in business, filed bankruptcy or compromised with creditors?
No: Yes:
(Please state in details: _____)
- Have you ever filed bankruptcy?
No: Yes:
(Please state in details: _____)
- Have you ever compromised with creditors?
No: Yes:
(Please state in details: _____)
- Are you currently or have you ever been involved in any lawsuits?
No: Yes:
(Particulars: _____)
- Have you ever been convicted of a crime?
No: Yes:
(Particulars: _____)

Education

Qualification	Institute	Major	Year of Graduate

Special Skills and/or Experience (resume is preferred):

Business Plan

Please indicate total amount and source of fund allocated to invest in this business*: _____

If granted an SEED334 Franchise, when would you be available to open a location?

Immediately: <input type="checkbox"/>	Within 3 months: <input type="checkbox"/>	Within 6 months: <input type="checkbox"/>	Within 1 year: <input type="checkbox"/>
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Do you intend to work full or part time? Full Time : Part Time : (Number of Hours: _____)

Others

How did you learn about SEED334?

<input type="checkbox"/> Referral (Please state: _____)	<input type="checkbox"/> Online Ad (Please state: _____)	<input type="checkbox"/> Search Engine (Please state: _____)	<input type="checkbox"/> Others (Please state: _____)
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Comments:

I am submitting this application to obtain further information about the SEED334 Franchise System. I understand that neither SEED334 nor I are under any obligation whatsoever. The undersigned warrants that this information is true and correct.

Signature*:	Date* :
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