

**7-Eleven**

(Business Registration No. 28634100W)

21 Tampines North Drive 2 #03-01 Singapore 528765

Main: 68918000 Fax: 67840464 Email: franchise@7-eleven.com.sg

A member of the Dairy Farm Group

Please insert your recent photograph here.

Franchise Application Form

Note: Completing this form does not place any obligation on the applicant to purchase or the franchisor to sell the franchise to the applicant. To expedite processing of your application, please ensure that all the information is provided as requested. Where information is not available or applicable, please indicate accordingly. All information will be kept strictly confidential.

Franchise Applicant's Personal Particulars

(7-Eleven Singapore accepts franchise applications from individual persons only)

Date of application: _____ NRIC Number: _____

Full Name: _____
(As in NRIC)

Home Address: _____
(Please indicate local address only)

Mobile Tel Number: _____ Home Tel Number: _____

Date of Birth: _____ E-mail Address: _____
(Please write clearly)

Nationality / PR Status: _____ Sex: **Male / Female**
(Only Singaporean citizens or Singapore Permanent Residents may qualify) *(Please delete where non-applicable)*

Educational Qualifications

Highest Educational Level: _____
(Please include year qualification was achieved)

University / College / School / Institute: _____
(Please delete where non-applicable)

Details of qualifications: _____

Professional Certification / Awards / Courses

(For courses that you have attended, choose three that you consider most relevant)

Certificate / Course / Award	Awarded By / From	Year Received

Employment / Business History

(Please provide details of your employment status or business that you own)

Current Employer / Business Owned: _____
(Name of company)

Business Address: _____

Position: _____ Monthly Income: _____

Date Joined: _____ Date Left: _____

Describe Duties: _____
(For business owned, please describe business structure and duties)

2. Previous Employer or Other Business Owned: _____
(Name of company)

Business Address: _____

Last Position Held: _____ Monthly Income: _____

Date Joined: _____ Date Left: _____

Reason For Leaving: _____

Describe Duties: _____
(For business owned, please describe business structure and duties)

3. Previous Employer or Other Business Owned: _____
(Name of company)

Business Address: _____

Position: _____ Monthly Income: _____

Date Joined: _____ Date Left: _____

Reason For Leaving: _____

Describe Duties: _____
(For business owned, please describe business structure and duties)

Spouse's Particulars

Full Name: _____
(As in NRIC)

Date of birth: _____ NRIC Number: _____

Mobile Tel Number: _____ Nationality: _____

Spouse's Employment

Current Employer / Business: _____
(Please provide details of your employment status or business that you own) (Name of company)

Business Address: _____

Position: _____ Monthly Income: _____

Date Joined: _____ Date Left: _____

Describe Duties: _____
(For business owned, please describe business structure and duties)

General

If you have answered 'yes' to any of the following questions, please indicate the details in the space below:

Have you or your spouse ever been employed by any of the divisions in Cold Storage Group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your spouse ever been convicted of a criminal offence in any country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your spouse suffered any major illnesses or accidents within the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your spouse ever voluntarily or involuntarily petitioned for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Financial Statement

Average Monthly Income from present occupation / business:

S\$ _____

(Inclusive of all allowances, commission, perks, fees and bonuses)

Other Income *(Please indicate breakdown of source/s of other income below):*

S\$ _____

Total Amount of Funds Available For The Franchise:

S\$ _____

Budget available

Source of Funds: _____

Assets

Bank / Financial Institution

Amount (S\$)

Savings Account

Fixed Deposit

Funds

Others*

(Please specify if you have indicated Others)

Liabilities

Bank / Financial Institution

Total Amount

Monthly Repayment

(Indicate details of loan or card)

Car Loan

Housing Loan

Total Credit Cards

Others*

(Please specify if you have indicated Others)

Other Information

1. Have you or your spouse ever applied for any franchise before?

Yes No

If yes, please state details & year:

2. How did you learn about 7-Eleven's franchise system?

Current Franchisee 7-Eleven staff Internet Others

Please provide details if you have indicated current franchisee or others:

3. Why are you applying for the franchise?

4. Why do you think you'll make an ideal 7-Eleven franchisee?

5. How many family members, relatives or friends will be helping you on a full-time basis? _____

Name	Relationship To You	Current Job
1.		
2.		
3.		
4.		

Note: You may wish to attach a separate sheet if any space in the form is insufficient and/or attach your resume.

Declaration

I do hereby represent that all of the above answers are true and complete to the best of my knowledge and belief. I recognise that 7-Eleven is *not in any way obligated* to franchise a store to me because of our execution of this document. I acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with 7-Eleven. I understand that an inquiry regarding my character, general reputation, personal characteristics, financial background and general fitness for being a 7-Eleven franchisee may be made as a result of this application.

In addition, by signing below I release any and all former and / or present employers, and any other personal or business references, from any liability whatsoever in connection with 7-Eleven attempts to investigate my background and determine my fitness to become a franchisee. I hereby authorise the release of any and all documents, records, and other information pertaining to me to 7-Eleven. A copy of this authorisation may be used in place of and shall be valid as the original.

I understand that this application is considered active for 60 days from the date below. I understand that 7-Eleven reserve the right to reject my application without assigning any reasons whatsoever.

Applicant's Signature & Date

Spouse's Signature & Date

Thank you for completing the 7-Eleven Franchise Application Form. We will contact you when your application has been short-listed. Please allow at least 2 weeks for processing. Send your completed form to:

The Franchise Manager
7-Eleven Singapore
21 Tampines North Drive 2 #03-01
Singapore 528765

Email: franchise@7-eleven.com.sg
Main: 6891 8000 Fax: 6784 0464

This Section Is For Official Use Only:

Application received on: _____ **Presentation date:** _____

Interviewed by: _____ **Interview date/s:** _____

Status: _____ **Offer:** _____

Through E-mail