

CONFIDENTIAL



# INVITATION FORM FOR FRANCHISE APPLICANTS

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NINETEEN O ONE SDN. BHD

(COMPANY NO. 436785-T)

NO.3, JALAN KELULI 15/16,  
OFF JALAN PERSIARAN SELANGOR,  
SEKSYEN 15, 40200 SHAH ALAM,  
SELANGOR DARUL EHSAN,  
MALAYSIA.



**INSTRUCTION:** Please complete Section A, C(i) & C(ii) - personal application OR Section B - company application  
 Section D to Section G is **COMPULSORY** for all applicants. Section H is for **OFFICE USE ONLY**.

**THIS IS CONFIDENTIAL INFORMATION AND IS NOT A CONTRACT**

Nineteen O One Sdn. Bhd. will use this report to help evaluate your qualifications for a franchise.

SECTION A. PERSONAL APPLICANTS											
Franchisee Applicant's Name:		First	Middle	Last	Date of Birth	NRIC/ Passport					
Applicant Spouse's Name:		First	Middle	Last	Date of Birth	NRIC/ Passport					
Present Address			Telephone		Previous Address			Telephone			
			( ) -		(if present address is less than 3 year ( ) -			( ) -			
Fax			( ) -		Fax			( ) -			
City	State	Zip Code	Country		City	State	Zip Code	Country			
Have you ever been in business for yourself?					If yes, please explain.						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Has your spouse ever been self-employed?					If yes, please explain.						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Have you or your spouse has any serious illnesses or accidents within the last five (5) years?					If yes, please explain.						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Have you or your spouse been declined accident, life or health insurance?					If yes, please explain.						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Applicant's highest education level achieved					Applicant Spouse's highest education level achieved						
<input type="checkbox"/> High/Secondary School <input type="checkbox"/> College Degree/Major:					<input type="checkbox"/> High/Secondary School <input type="checkbox"/> College Degree/Major:						
Have you or your spouse ever been convicted of something other than a minor traffic violation?					If yes, please explain.						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Are you or your spouse subject to pending litigation or unsatisfied judgements?					If yes, please explain.						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Do you have any children?					Ages : _____						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
SECTION B. COMPANY APPLICANTS											
Company's Name						Year Started					
Nature of Business						Bank Statement: (upon request only)					
Capital Structure: Paid-Up Capital				Authorised Capital							
Name of Director:				NRIC / Passport No:		Name of Director:				NRIC / Passport No:	
Present Address			Telephone		Present Address			Telephone			
			( ) -					( ) -			
Fax			( ) -		Fax			( ) -			
City	State	Zip Code	Country		City	State	Zip Code	Country			



SECTION C (i): EMPLOYMENT STATUS (List Present Employment)											
Franchisee Applicant					Applicant's Spouse						
Company's Name			Telephone ( ) -		Company's Name			Telephone ( ) -			
			Fax ( ) -					Fax ( ) -			
Address					Address						
City	State	Zip Code	Country		City	State	Zip Code	Country			
Position in Company:					Position in Company:						
Description of duties:					Description of duties:						
Supervisor's Name			May we communicate with you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name			May we communicate with you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Employment	From	To	Salary Per Month	Begin	End	Date of Employment	From	To	Salary Per Month	Begin	End

SECTION C (ii): EMPLOYMENT HISTORY (List Previous Employment)											
Franchisee Applicant					Applicant's Spouse						
Company's Name			Telephone ( ) -		Company's Name			Telephone ( ) -			
			Fax ( ) -					Fax ( ) -			
Address					Address						
City	State	Zip Code	Country		City	State	Zip Code	Country			
Position in Company:					Position in Company:						
Description of duties:					Description of duties:						
Supervisor's Name			May we communicate with you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name			May we communicate with you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Employment	From	To	Salary Per Month	Begin	End	Date of Employment	From	To	Salary Per Month	Begin	End

**SECTION D: INTEREST & FUTURE PLANS**

Will other investors participate in this franchise?  Yes  No  
 If Yes, list name and extent of participation.

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Briefly describe your plans for managing this franchise.

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Would you have an interest in purchasing multiple units?  Yes  No



SECTION E: PERSONAL FINANCIAL STATEMENT			
ASSETS	\$	LIABILITIES	\$
CASH ON HAND AND IN BANK		SECURED NOTES (LOANS) PAYABLE TO BANKS	
GOVERNMENT SECURITIES		UNSECURED NOTES (LOANS) PAYABLE TO BANKS	
ACCOUNTS, LOANS, NOTES RECEIVABLE		NOTES PAYABLE TO RELATIVES	
CASH SURRENDER VALUE OF LIFE INSURANCE		ACCOUNTS AND NOTES PAYABLE TO OTHERS	
STOCKS		RENTS AND INTEREST DUE	
REAL ESTATE - HOME		LIENS ON REAL ESTATE	
REAL ESTATE - OTHER		TAXES DUE	
AUTOMOBILES		AUTO LOAN (S)	
OTHER ASSETS (ITEMIZE)		CHARGE ACCOUNTS (ITEMIZE)	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

TOTAL ASSETS MINUS TOTAL LIABILITIES EQUAL NET WORTH : \$ \_\_\_\_\_

SOURCE OF MONTHLY INCOME		MONTHLY EXPENSES	
SALARY		RENT OR MORTGAGE PAYMENT	
BONUSES OR COMMISSION		FOOD AND UTILITIES	
DIVIDENDS AND INTEREST		MISC.	
REAL ESTATE INCOME		AUTO LOAN (S)	
OTHER		MEDICAL	
		MONTHLY CHARGE ACCOUNTS PAYMENT (BALANCE DUE: \$ _____ )	
TOTAL INCOME	\$	TOTAL EXPENSES	\$

THE DIFFERENCE BETWEEN INCOME AND EXPENSES EQUALS \$ \_\_\_\_\_

AMOUNT OF CASH AVAILABLE FOR FRANCHISE \$ \_\_\_\_\_

SOURCE OF FUNDS  
 SAVINGS     OTHER     LOAN FROM BANK

**SECTION F: PERSONAL REFERENCE**  
 List 3 references (not relatives or employers) who have known you well for at least 5 years

NAME	ADDRESS	CITY	ZIP	OCCUPATION	TEL	RELATIONSHIP	YEARS KNOWN

**SECTION G: BANK AND CREDIT REFERENCES**

ACCOUNT	ACCOUNT NUMBER	NAME OF BANK	ADDRESS	CITY	STATE	ZIP
SAVINGS						
CHECKING						
CHARGE ACCOUNTS						

Briefly state why you desire a NINETEEN O ONE Franchise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When would you be available to take a NINETEEN O ONE Franchise?

\_\_\_\_\_

If you are awarded a NINETEEN O ONE Franchise, when would you be available for training?

\_\_\_\_\_

DESIRABLE LOCATIONS OR AREAS	1st Choice	2nd Choice	3rd Choice
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I/We do hereby represent that all of the above information given are true and complete to the best of my/our acknowledgement and belief. I/we recognize that NINETEEN O ONE Sdn. Bhd. is not in any way obligated to offer a franchise to me/us because of my/our execution of this document. I/We acknowledge that any false statement in this application shall be considered sufficient cause to deny further consideration. I/We understand that inquiries regarding my/our character, general reputation, personal characteristics, way of living and financial background may be made as a result of this application and hereby authorize the release of this information to NINETEEN O ONE Sdn. Bhd. A photographic copy of this authorization shall be as valid as the original.

\_\_\_\_\_  
 Franchisee Applicant Signature

\_\_\_\_\_  
 Franchisee Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**FRANCHISE APPLICANT'S CHECKLIST**

FRANCHISEE APPLICATION'S CHECKLIST (FOR PERSONAL ONLY)			
ITEM 1	<input type="checkbox"/>	Photostate copy of Identity Card (IC)	1 copy only
ITEM 2	<input type="checkbox"/>	Bank Statement (upon request only)	3 previous months
ITEM 3	<input type="checkbox"/>	RM50 Processing Fee	<input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft
(Made payable to Nineteen O One Sdn. Bhd.)			

FRANCHISEE APPLICATION'S CHECKLIST (FOR COMPANY ONLY)			
ITEM 1	<input type="checkbox"/>	Certified copy of Form 24	1 copy only
ITEM 2	<input type="checkbox"/>	Certified copy of Form 44	1 copy only
ITEM 3	<input type="checkbox"/>	Certified copy of Form 49	1 copy only
ITEM 4	<input type="checkbox"/>	Memorandum and Articles of Association (M&A)	1 copy only
ITEM 5	<input type="checkbox"/>	Bank Statement (upon request only)	3 previous months
ITEM 6	<input type="checkbox"/>	RM50 Processing Fee	<input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft
(Made payable to Nineteen O One Sdn. Bhd.)			

**DO NOT WRITE BELOW THIS LINE**

SECTION H: THIS SECTION IS TO BE COMPLETED BY NINETEEN O ONE SDN. BHD. MGMT	
Brand & Marketing Dept	
	Approved:
Franchise Support Personnel Dept	
	Approved:
Accounts Dept	
	Approved: