



WIHARDJA FURNISHING

Local Franchise Enquiry Form

Please complete and return this form to **Wihardja International Pte Ltd** 175 Ubi Avenue 4 Pan Malayan Warehouse
Singapore 408971 or fax to (65) 67492492. All information will be kept confidential.

Name (*Company / Individual) : _____

Address : _____

_____ Postal Code : ()

Tel : _____ Fax : _____ Email : _____

Nature of current *Business / Employment : _____

Number of Years in Current Business / Employment : _____

Experience in Same or Related Trade : *Yes / No _____

Contact Person (for Referral Purpose) : _____ Contact No. _____

How did you know of our Franchise opportunity? _____

Please appropriate boxes in answering the following questions :

1. I am / We are interested in acquiring a :

Multiple-Unit Franchise Single-Unit Franchise

Master/Area Franchise

2. I / We have the following funds available for investment :

Less than S\$50,000 S\$50,001 - S\$80,000

S\$80,001 - S\$100,000 S\$100,001 - S\$150,000

3. I Am / We are keen to find out more :

Please send me / us the Franchise Application Form

I / We would like to meet with someone from Wihardja International. Please contact me / us at _____ .

Name :

Date :

1. Applicant Information

A : INDIVIDUAL APPLICANT (individual or individuals acquiring the Franchise)

Name : *Mr / Mrs / Ms _____

Nationality : _____ Passport / IC No : _____

Date of Birth : _____ Marital Status : *Married / Single _____

Tel (H) : _____ (O) _____ Mobile : _____

Fax : _____ Email : _____

Address in Resident Country : _____

_____ Postal Code : ()

Highest Academic / Professional Qualification : _____

Past Employment Record :

<u>Period</u>	<u>Company</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present *Occupation / Business engaged in : _____

Name of *Employer / Own Business : _____

Current Annual Salary : _____

B. CORPORATE APPLICANT (a Company acquiring the Franchise)

Name of Company / Business : _____

Address : _____

Tel : (O) _____ Fax : _____ Email : _____

Year of Incorporation / Registration : _____ Nature of Business : _____

Entity Type : * Private Limited / Public / Partnership / Sole Proprietorship / Others [specify]

Paid-Up Capital : _____

Last Financial Year's Sales Turnover : _____ (Financial Year) _____

Would you describe yourself as a hands-on "Do-It-Yourself" type of person? Or in your style of management?

Other relevant information :

Name

Designation

Signature

Company