

# PRE-EVALUATION FORM

## **A. INDIVIDUAL APPLICANT (an individual acquiring the franchise)**

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Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Marital Status: Married / Single

(City) \_\_\_\_\_ (State) \_\_\_\_\_

(Postal Code) \_\_\_\_\_ (Country) \_\_\_\_\_

Telephone: (Business) \_\_\_\_\_ (Residential) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Highest Academic/Professional Qualifications: \_\_\_\_\_

Present Occupation/Business engaged in: \_\_\_\_\_

Name of Employer/Own Business: \_\_\_\_\_

Business Activity: \_\_\_\_\_

Current Annual Salary/Last Financial Year's Sales Turnover of Own Business: US\$: \_\_\_\_\_

Past Employment Record:

Period	Company	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **B. CORPORATE APPLICANT (a company acquiring the franchise)**

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If Company is new or does not have business or financial track record; please complete part A above using information pertaining to the principle partner.

Name of Company/Business: \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_

(Postal Code) \_\_\_\_\_ (Country) \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Website: \_\_\_\_\_ Email \_\_\_\_\_

Country of Incorporation: \_\_\_\_\_ Incorporation Number: \_\_\_\_\_

Paid-up Capital: US\$ \_\_\_\_\_

Previous Financial Year Sales Turnover: US\$ \_\_\_\_\_ (Financial Year) \_\_\_\_\_

Shareholding Structure: (Top 3 shareholders according to shares held)

Name	Nationality	Shareholding	%
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Person Who Will Manage the Franchise

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Marital Status: Married / Single

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_

(Postal Code) \_\_\_\_\_ (Country) \_\_\_\_\_

Telephone: (Business) \_\_\_\_\_ (Residential) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email \_\_\_\_\_

Highest Academic/Professional Qualifications: \_\_\_\_\_

Current Designation in Company: \_\_\_\_\_

**C. FRANCHISE INTEREST**

For company applicant, where question is not relevant to the corporate entity, please provide answer using information pertaining to the Managing Principal.

1. You are interested to acquire the franchise for :  
Challenger            O Country Master            O Multi Units            O Single Unit  
Matrix IT Gallery            O Multi Units            O Single Unit
  2. Country / territory / territories you are interested to operate the franchise:  
\_\_\_\_\_
  3. Amount of funds available to invest in the business:            US\$: \_\_\_\_\_
  4. Main source of funds: \_\_\_\_\_
  5. How familiar are you with franchising?            O Very            O Fairly            O Little            O No
  6. Have you operated a franchise business before?            O Yes            O No
- If yes, please state franchise name(s): \_\_\_\_\_

Country of origin: \_\_\_\_\_ Period of franchise: \_\_\_\_\_

7. Do you now, or have you ever owned a retail or service-oriented business?  Yes  No

If yes, please provide more information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Do you presently own or rent premises suitable for operating our franchise business?

Yes  No

If yes, please name location: \_\_\_\_\_

Usable floor area: \_\_\_\_\_ Month rent (if leased): US\$ \_\_\_\_\_

Remaining lease period: \_\_\_\_\_ Renewable lease period: \_\_\_\_\_

9. When do you prefer to commence business if awarded the franchise? \_\_\_\_\_

10. Briefly, how does acquiring the franchise benefit you? Please state the benefits:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. \_\_\_\_\_

i. \_\_\_\_\_

j. \_\_\_\_\_

11. What are the strengths that you have that will make you a good franchisee?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

12. Please indicate your interest accordingly:

I would like to know more about the Franchise. Please contact me

Other, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. DECLARATION**

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1. Have you (for individual applicant), the company or its director (for company applicant) or any company that you have held a share or office in the past 5 years ever declared bankruptcy or became insolvent?

Yes       No

If yes, state details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Acknowledgement is made that the information supplied by me is true and correct. I hereby authorize Challenger Technologies Limited to obtain any information about my credit history or other information that it deems appropriate to evaluate my suitability as a potential franchisee.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Note: The filing of this franchise pre-evaluation form does not obligate either party in any manner. The purpose of this form is to collect general information as part of the franchise selection process.