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|  | **INNOVASIA INCORPORATED** |

ITALYUMM

Franchise Application Form

*(Highly Confidential)*



I tender the following information as my complete and true personal & financial condition as the date shown below. I expressly authorize Innovasia Incorporated to conduct verification and investigation as part of the procedure in processing my application. I understand that the investigative report maybe made whereby information is obtained through personal interviews with third parties, such as business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, & made of living, whichever maybe applicable. I agree to supply statement for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Signature over printed name of Franchise Applicant

Date

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Birthday: | |
| *Last* | *First* | *Middle Name* | *mm/dd/yyyy* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Home | Address: |  | | | |  |
|  |  |  | | | |  |
| *Home/Apartment/Unit#* | | | *Street/Bldg* | *Subdivision/Barangay* | *City/Province* | *Zip Code* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home : |  | Mobile: |  | Email: |
| Occupation : | Office / Business Address : | | | |

|  |  |
| --- | --- |
| Spouse Name: | Birthday: \_\_\_\_\_\_\_\_\_\_\_\_ |

*Last First Middle Name mm/dd/yyyy*

|  |  |
| --- | --- |
| Dependent(s) : |  |
| Name(s) | Age |

## Education and Employment Background

|  |  |  |
| --- | --- | --- |
| College: | School(s) Attended: | Years attended: |
| Post Graduate: | School(s) Attended: | Years attended: |
| Others: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment: |  |  |  |
| Employed  Self Employed | | Present Occupation: | Position: \_ |
| Name of Company/Business (if self-employed): | | |  |
| Responsibilities: |  | | |
| Nature of Business: |  | | |
| Type of Ownership: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other History of Employment and/or Business** | | | |
| **Company/Business Name** | **Address** | **Role /**  **Last Position Held** | **Year(s)** |

If you answer **YES** on the following, please elaborate on the space provided in the next page.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** Have you or anyone in your family ever been affiliated with or employed by Italyumm? | Yes |  | No |  |
| **2.** Are you related to any officer, director or employee of Italyumm? | Yes |  | No |  |
| **3.** Do you or your employer have a business relationship and/or supply goods and/or services to  Italyumm? | Yes |  | No |  |
| **4.** Do you or have you ever owned or had a kiosk operation? | Yes |  | No |  |
| **5.** Have you (and, if applicable, any partners, officers, directors or shareholders) ever: | Yes |  | No |  |
| 1. had any administrative, criminal or material civil action (or a significant number of civil actions irrespective of materiality) alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable allegations? |  |  |  |  |
| 1. been convicted of a felony or to a felony charge or been held liable in a civil action by final judgment or been the subject of a material complaint or other legal proceeding in such felony, civil action, complaint fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable allegations? | Yes  Yes |  | N  No |  |
| 1. been adjudged bankrupt or reorganized due to insolvency or been a principal officer of any company or a partner in any partnership that was adjudged bankrupt or reorganized due to insolvency? | Yes |  | No |  |

My Involvement would be [Check box]:

|  |  |
| --- | --- |
| * Full Time Owner | [Active owner/operator] |
| * Active Owner | [Investment only] |
| * Part Time Owner | [With other business interest] |
| * Land Lord | [Owner of land/building] |

***How did you become aware of Italyumm’s franchising program? Advertising, friends, franchise owner, others?***

*[please elaborate]*

**What is your main reason for considering an Italyumm franchise?**

***What do you think will make you a successful Italyumm franchisee?***

**What are your expectations in having an Italyumm franchise?**

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| 1. What is your Management Philosophy? |
| 1. Mission & Vision |
| 1. What is your Market Development Plan? |
| 1. Do you currently have an interest in any restaurant / food business, or any other business ventures?   If yes, please describe such business. |

## Socio-civic Affiliations

(E.g. Rotary, Lions, Freemason, Others, Etc.)

|  |  |  |
| --- | --- | --- |
| Name | Position | Years in Membership |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Reference

Please list name and addresses of professional advisors and attach references from each

# Accountant

|  |  |
| --- | --- |
| Name: | Phone No: |
| Address : |  |

# Banker

|  |  |
| --- | --- |
| Name: | Phone No: |
| Address : |  |

# Other Personal Reference

|  |  |  |
| --- | --- | --- |
| Name: | Occupation: | Phone No: |
| Address : |  |  |

|  |  |  |
| --- | --- | --- |
| Name: | Occupation: | Phone No: |
| Address : |  |  |

The Franchise Applicant authorizes Innovasia Inc. (II), its subsidiaries, affiliates, partners, successors and/or assigns to collect, process, store, and use any and all information that the Franchise Applicant shall furnish II for the purpose of conducting appropriate due diligence checks, registering and processing the Franchise Applicant’s application, preparing the franchising documents and any other documents that may be required, performing financial transactions (such as, but not limited to, the processing of franchise fees and performing other actions necessary or desirable in the implementation of the franchise agreement and any amendments thereto), communicating any advisories or changes in the terms and conditions related to the franchising agreement, and any other purpose relating thereto. The Franchise Applicant hereby knowingly waives any and all statutory or regulatory provisions governing the confidentiality of such information, if applicable. In the event that the Franchise Applicant discloses another person’s information, the Franchise Applicant attests that consent has been obtained from that person to disclose and process the information in accordance with applicable laws.

II shall ensure the privacy and security of any and all confidential, privileged, personal and/or sensitive personal information that the Franchise Applicant (and their officers, employees, or agents) may have provided in this form; and shall store, use, process and dispose the said confidential, privileged, personal and/or sensitive personal information in accordance with Republic Act 10173 or the "Data Privacy Act of 2012," its implementing Rules and Regulations (IRR) and applicable National Privacy Commission (NPC) issuances. Any violation of this clause and any of the provisions of the said law and issuances by the aforementioned persons shall be subject to the corresponding sanctions, penalties or fines under the said law without prejudice to any other applicable civil and/or criminal liability. This clause shall survive the termination or expiration of this form.

**Disclaimer and Signature** The submission of this application does not obligate the applicant or Innovasia Inc. in any manner, nor does it imply that there is any legal or commercial relationship between either party. It is merely a preliminary procedure.

Acknowledgement is made that the information supplied by me is true and correct. I authorize release of any information deemed necessary by Innovasia Inc. to verify the information.

|  |  |
| --- | --- |
| Signature: | Date: |