



WOK BOX CONFIDENTIAL FRANCHISE APPLICATION

| PERSONAL INFORMATION | | |
|---|--|--|
| First name | Last name | Middle Initials |
| Street address | | Apt |
| City | Province | Postal Code |
| Home Phone | Work Phone | Cell Phone |
| Fax | Email Address | Date |
| Are you a Canadian citizen? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you a landed immigrant? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you bondable? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever been employed by Wok Box? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If so, where, when and who was your supervisor? |
| <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| Marital Status | Spouse's Name | Spouse's Occupation |

| EMPLOYMENT HISTORY | | |
|---|---------------------------|--------------------|
| Company | Phone | |
| Address | Supervisor | |
| Job Title | # of Employees Supervised | Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | |
| Company | Phone | |
| Address | Supervisor | |
| Job Title | # of Employees Supervised | Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| EDUCATION | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | City | | Province | |
| From | To | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| College | | City | | Province | |
| From | To | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Degree |
| University | | City | | Province | |
| From | To | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|--------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |

BUSINESS EXPERIENCE AND PLANNING

How did you learn about Wok Box?

Why are you interested in Wok Box?

Describe any training in management, sales or business.

| | | | |
|---|------------------------------|-----------------------------|---------------------|
| Will you devote 8 weeks for training? If no, how much? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | When can you start? |
|---|------------------------------|-----------------------------|---------------------|

| | | | |
|--|------------------------------|-----------------------------|---|
| Do you intend to devote yourself full-time to the day-to-day operations of the business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, please provide explanation and details how you will oversee the business: PLEASE PROVIDE AS SEPARATE SHEET |
|--|------------------------------|-----------------------------|---|

| | | | |
|--|------------------------------|-----------------------------|------------------------------------|
| Do you plan to have a business partner(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list name(s) below: |
|--|------------------------------|-----------------------------|------------------------------------|

| | | | |
|---|---|---|---|
| First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> | First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> | First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> | First Name _____ Last Name _____ Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> |
|---|---|---|---|

Please fully explain how the business partnership will be structured.

| | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Have you seen an existing Wok Box? If yes, where? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Will your franchise investment come from your own capital? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|

| | | | |
|--|------------------------------|-----------------------------|---|
| Have you (and if applicable, partners, officers, directors or shareholders) ever declared bankruptcy or reorganized due to insolvency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, explain: PLEASE PROVIDE AS SEPARATE SHEET |
|--|------------------------------|-----------------------------|---|

Geographical location preferences:

1) _____ 2) _____ 3) _____

| | |
|--|---|
| What is the timeframe to open your Wok Box? o - 6 Months 6 - 12 Months 1 - 2 Years 2+ Years <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Would you be willing to relocate? Desired income first year? \$ Annual income in 5 years? \$ What is your targeted start date? |
|--|---|

| PERSONAL FINANCIAL INFORMATION | | | |
|---|-----------|---|-----------|
| ASSETS | | LIABILITIES | |
| Cash on Hand and in Banks | \$ | Bank Notes - Secured and Unsecured | \$ |
| Canada Government Securities | \$ | Notes, Loans, Advances, Accounts Payable | \$ |
| Trade Accounts and Loans Receivable | \$ | Credit Card Debt | \$ |
| Notes Receivable - Secured and Unsecured | \$ | Loan Against Life Insurance | \$ |
| Life Insurance - Cash Surrendered Value | \$ | Property Tax and Assessments Payable | \$ |
| Stocks and Bonds - Marketable and not Real Estate | \$ | Mortgage Payable on Real Estate | \$ |
| Automobiles - Market Value | \$ | Federal and State Taxes on Current Income | \$ |
| Other Assets, Property or Investments (Itemize Below) | | Other Debts (Itemize Below) | |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |
| ANNUAL SOURCE OF INCOME | \$ | NET WORTH | \$ |
| Salary | \$ | Total Assets | \$ |
| Bonus and Commissions | \$ | Less Total Liabilities | \$ |
| Dividends and Interest | \$ | NET WORTH | \$ |
| Real Estate Income | \$ | | |
| Business Profession Income | \$ | | |
| Other Income (Itemize Below) | \$ | | |
| | \$ | | |
| | \$ | | |
| TOTAL INCOME | \$ | | |

Thank you for your interest in Wok Box!

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By signing this application, I attest to the accuracy of the information contained in this confidential application. I authorize **Wok Box** or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background, criminal or character checks, that it deems necessary or advisable.

I, further authorize **Wok Box** or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and any other person, firm, corporation or source. I authorize any such source to provide **Wok Box** or its agents all information concerning me, and I hereby agree to release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history.

Wok Box agrees to maintain all information collected in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a **Wok Box** franchise. I authorize **Wok Box** to release to prospective financing sources any information concerning me that may be requested by them.

By signing this application, I certify that the above statements are true and accurate.

Signature

Print Name

Date

OR YOU CAN RETURN COMPLETED FORM TO:



WOK BOX FRANCHISE DEVELOPMENT
 106-19353 22ND AVE
 SURREY, BC V3Z 3S6 CANADA

T: 778.545.0233
F: 778.545.0288
E: FRANCHISING@WOKBOX.CA