



## **Lerk Thai Restaurant Franchise Expression of Interest Form**

### **1. Individual Applicant (individual(s) wishing to acquire franchise)**

Name: \*Mr/Mrs/Ms/Dr \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (O): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address in Resident Country: \_\_\_\_\_

Present \*Occupation/ Business Engaged in: \_\_\_\_\_

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

Past Employment Record:

<u>Period</u>	<u>Name of Employer</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Sales Revenue of Own Business (if applicable):

- Less than US\$1,000,000                       US\$1,000,001 – US\$5,000,000  
 US\$5,000,001 – US\$10,000,000               Above US\$10,000,001

Co- Applicants (if any):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please go straight to Section 3

## 2. Corporate Applicant

Name of Applicant Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

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

City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Type of Business Entity:

- Private Limited Liability       Public Limited Liability  
 Non-limited Liability       Others (please specify): \_\_\_\_\_

Country of Incorporation/ Registration: \_\_\_\_\_

Year of Incorporation: \_\_\_\_\_ Paid Up Capital: US\$ \_\_\_\_\_

Type(s) of Business Activity: \_\_\_\_\_

Current Staff Strength:       1- 50       51- 200       Above 200

Annual Sales Revenue:

- Less than US\$1,000,000       US\$1,000,001 – US\$5,000,000  
 US\$5,000,001 – US\$10,000,000       Above US\$10,000,000

Corporate Financial Statement (US\$):

Year	20 ____	20 ____	(Latest) 20 ____
Total Revenue			
Pre-tax Profit / (Loss)			

Shareholders (List top 5 shareholders according to shares held)

Name of Individual / Company	Nationality / Country of Incorporation	% Shareholding

Companies Wholly/ Partially-owned by Applicant Company

Name of Company	Country of Incorporation	% Owned

List the countries where the Applicant Company (or its subsidiaries, i.e. having a majority equity stake) has operations:

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**3. Franchise Business**

Intended geographical area to set up Lerk Thai Restaurant franchise:

Country	Area	Location Preference	Remarks
		1.	
		2.	
		3.	

Funds available in the franchise:

- Less than US\$200,000                       US\$200,001 – US\$500,000  
 US\$500,001 – US\$750,000               Above US\$750,001

Source of funds:

- Retained Earnings                               External Investor(s)  
 Loan     Others (Specify): \_\_\_\_\_

Main Banks/ Financing Institutions: \_\_\_\_\_  
\_\_\_\_\_

<b>4. Other information</b>
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Do you have any experience in operating a food and beverage business? \*Yes / No

If yes, please specify the name of the business and provide a description of it. Please also state if any of the said franchises are still continuing or has expired.

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

Do you have any experience in operating a business/franchise? \*Yes/No

If yes, please provide the name(s) of the franchise(s) and provide a description of it/them. Please also state if any of the said franchises is still continuing or has expired.

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

Are you looking for other franchise? \*Yes/No

\*Delete where not applicable.

Who will be operating the franchise?

- Self               Spouse               Co-applicant               Others: \_\_\_\_\_

Applicant's Highest Education Level: \_\_\_\_\_

How do you learn about the Lerk Thai International Franchise Program?

- |   |  |
|---|--|
| <input type="checkbox"/> Newspaper / advertisement / publications /<br>TV / Radio | <input type="checkbox"/> Web                                 |
| <input type="checkbox"/> Existing supplier / vendor                               | <input type="checkbox"/> Existing customer                   |
| <input type="checkbox"/> Trade exhibition / mission                               | <input type="checkbox"/> Franchise exhibition                |
| <input type="checkbox"/> Visited our outlet (s)<br>Please state the outlet: _____ | <input type="checkbox"/> Referred by:<br>Please state: _____ |
| <input type="checkbox"/> Others: _____  |  |

Any other relevant information

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<b>5. Declaration</b>
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We/I declare that all information provided herein is true and accurate to the best of our/my knowledge. We/I understand that any misrepresentation or omission of information may be sufficient cause for cancellation of this application.

We/I hereby authorize Lerk Thai Restaurant Pte. Ltd. or its authorized agent or affiliates to obtain any of the above information and I/We authorize the release of such information to Lerk Thai Restaurant Pte. Ltd or its authorized agents and affiliates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date