



## FRANCHISE APPLICATION FORM

All information applied herein shall be reserved solely for the purpose of applying for a Maming Gala Franchise. None of the applicant's personal information gathered here shall be disclosed to another party or person unless requested by law.

**NAME OF APPLICANT:** \_\_\_\_\_  
Mr/Ms                      First Name                      Middle Initial                      Last Name

### PROPOSED FRANCHISE LOCATION (For Ocular Inspection)

\_\_\_\_\_  
Unit/Stall No.    Flr. Lvl Bldg Name                      Street No. & Name                      Village                      Barangay                      City                      Province

\*Please attach an Offer Sheet/ Lease Offer especially if the location is within a mall or an establishment that has a leasing department.

### PERSONAL INFORMATION

**CURRENT RESIDENTIAL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOME OWNERSHIP**    \_\_\_\_ Years    \_\_\_\_ Months of stay

\_\_\_\_ Owned (mortgaged)    \_\_\_\_ Owned (not mortgaged)    \_\_\_\_ Living with Parents/Relatives    \_\_\_\_ Rented

DO YOU OWN A CAR? No\_\_Yes\_\_    How Many?\_\_    Not Mortgaged\_\_    Mortgaged\_\_

Email Address:\_\_\_\_\_    Cellphone No.: \_\_\_\_\_

Home No.:\_\_\_\_\_    Work No.:\_\_\_\_\_    Fax No.: \_\_\_\_\_

Date of Birth:\_\_\_\_\_    Age:\_\_\_\_\_    Marital Status:\_\_\_\_\_    Citizenship:\_\_\_\_\_

TAX ID No.:\_\_\_\_\_    SSS No.:\_\_\_\_\_

#### *For Single Applicants*

Father's Name:\_\_\_\_\_    Age:\_\_\_\_\_    Occupation / Business:\_\_\_\_\_

Mother's Name:\_\_\_\_\_    Age:\_\_\_\_\_    Occupation / Business:\_\_\_\_\_

**FINANCIAL INFORMATION**

EMPLOYMENT: Private Sector \_\_\_\_\_ Self-Employed \_\_\_\_\_ Government \_\_\_\_\_ Retired/Unemployed

COMPANY NAME: \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ OCCUPATION / POSITION \_\_\_\_\_

COMPANY ADDRESS (please indicate the following; Dept., Floor, Bldg., No., Street, Subd, City)

\_\_\_\_\_

Total # of Years Working \_\_\_\_\_ Years / Months of stay (with PRESENT Company/Business) \_\_\_\_\_

OFFICE PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

Other Source of Income Aside from primary employment or Business

\_\_\_\_\_

\_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME**

Primary \_\_\_\_\_ *per annum*

Secondary \_\_\_\_\_ *per annum*

**ADDITIONAL REQUIREMENTS** (Please submit the following requirements.)

1. Photocopy of 2 Valid ID's ( Employee ID, SSS ID, TIN ID, NBI Clearance, Passport )
2. Proof of Billing (Any utility bill from Meralco, PLDT, Maynilad or any cellphone company registered and doing business in the Philippines.)
3. TIN Number as registered with the BIR. For Corporations please submit a copy of your SEC Certificate and BIR Certificate.
4. Please submit a copy of your COR (business registration).

I hereby Certify that all the information I have placed above are true as of the time of signing this application.

\_\_\_\_\_

Applicant's Signature