

Lawien Retail Shop and Café

THE INFORMATION DISCLOSED IN THIS FORM WILL BE TREATED WITH FULL STRICT CONFIDENTIALITY AND WILL BE ONLY USED FOR THE ASSESSMENT OF LAWIEN FRANCHISE RIGHTS. BY COMPLETING THIS FORM YOU ARE UNDER NO OBLIGATION TO LEASE THE LAWIEN FRANCHISING RIGHTS AND NOR THIS QUESTIONNAIRE AND APPLICATION IS A CONTRACT AND IS NOT BINDING TO IN ANY MATTER OR FORM OR WAY TO EITHER PARTIES.

1. How did you first hear about Lawien?

2. Describe the Area / territory you of your interest:

PERSONAL INFORMATION

Full Name and Address:

phone numbers:

fax numbers:

E-mail:

P.O.BOX:

BIO DATA

Date of Birth:

Place of Birth:

Marital Status:

Children:

Written and Spoken Languages:

Arabic :

English:

Others:

EDUCATION

Post High School Education degree:

University degree:

Post Graduate degree:

BUSINESS EXPERIENCE IN THE LAST 10 YEARS

Year to Company

Position Country

Year to Company

Position Country

Year to Company

Position Country

Current Business (es):

Do you own your business? Yes No

If yes, Do you have Partners? Yes No

How many partners? _____ Family Partners? _____

PLEASE PROVIDE NAMES AND CONTACT NUMBERS:

DO YOU HAVE CURRENTLY ANY INVESTMENT OR OPERATION WHETHER DIRECTLY OR INDIRECTLY MAY REPRESENT A COMPETITION TO LA WIEN? YES NO

PRESENT FINANCIAL DATA

What is the amount of budget you intend to invest in lawien? _____

What is the source of your budget? Own resources _____ banks _____

Others (please specify) _____

Annual Personal Income:

LAWIEN FRANCHISE INFORMATION

How do you expect to run lawien franchise?

- Devote your full time to run the franchise Yes No
- Assign a manager for the franchise Yes No
- Do you need lawien's assistance in appointing a manager Yes No

When would you like to start the business?

Provide Date: _____

Will you open lawien franchise yourself or with other partners, investors, children. (Please elaborate):

REFERENCES

Personal References:	Tel:
	Tel:
References in territory/ country:	Tel:
	Tel:
Banking References:	Tel:
	Tel:
Banking References:	Tel:
	Tel:

INVESTMENT INFORMATION

Do you have an idea about the amount needed		
to invest for lawien franchise right?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you know that there are Yearly Royalties to		
pay on your franchise right?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you interested in re-selling franchises to other parts of your territory/country and becoming a Master Franchise in your territory/country?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you ready to finance an Advertising Campaign to Launch lawien and how much budget you can avail for this purpose?		

In few words, please give us your vision and objectives from operating a lawien Franchise:		

THANK YOU FOR YOUR TIME IN FILLING THIS APPLICATION AND SHOULD YOU NEED ANY CLARIFICATION DO NOT HESITATE TO CONTACT US
KINDLY FORWARD APPLICATION TO:
MR. -----
FAX:-----
P.O.BOX-----