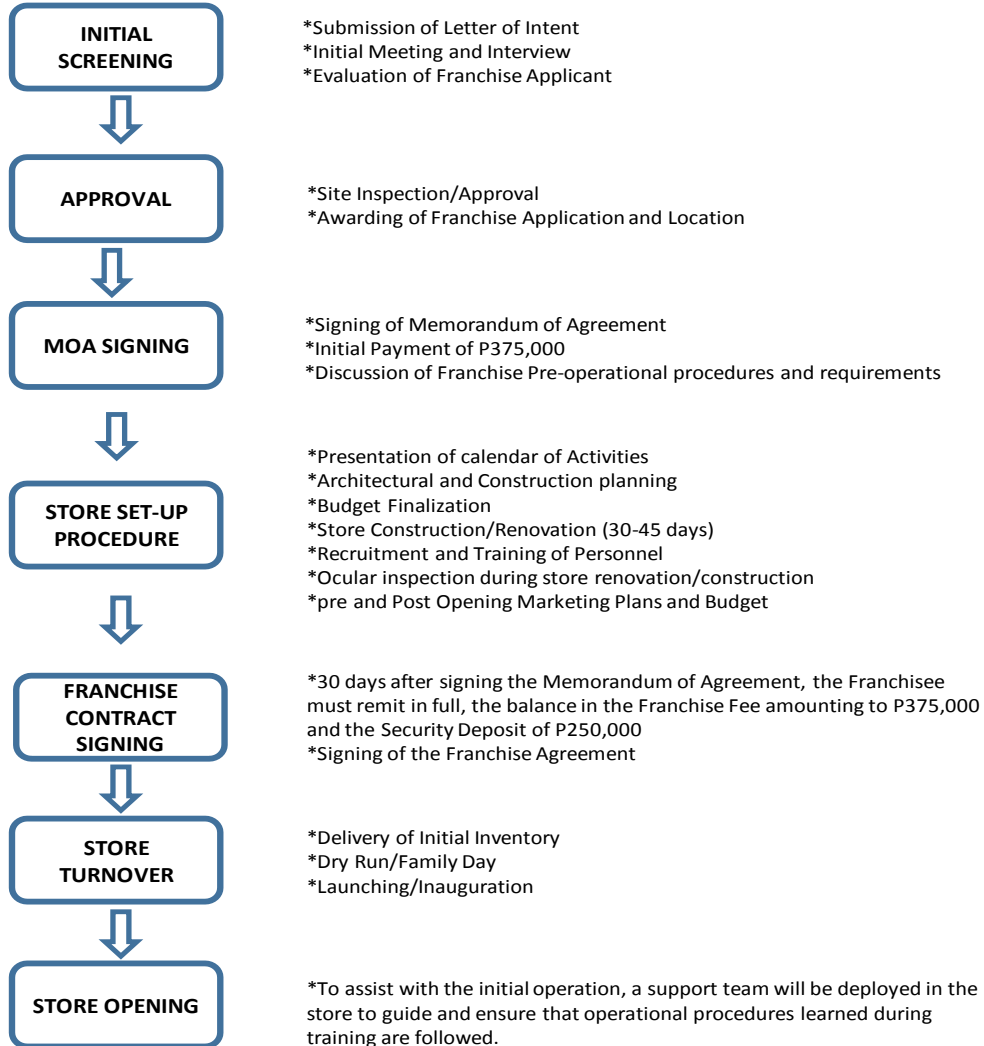




FRANCHISING PROCESS



**Follow up meetings will be held all throughout the process until the completion of the first month of operations.*



FRANCHISE INTEREST FORM

Accomplishment of this form does not obligate either party in anyway. All information contained herein, and pursuant to this application will be held in strictest confidence by SOYAMENSA FOODS, INC.

RECENT 1 1/2 x
1 1/2 COLORED
PHOTO

PERSONAL INFORMATION

Last name			First Name			Middle Name		
Birthdate			Age		Birthplace			
Current Residential Address (in full)					Years of Stay		Phone No.	Cell No.
Office Address					Phone No.		E-mail Address	
Marital Status		Citizenship	Tax identification No.		SSS No.		Res. Cert. No/Date/Place of Issue	
If single, Name of Father & Mother				Age		Occupation/Business		
Full Name of Spouse				Age		Occupation/Business		
Name of Children			Age		Occupation			
_____			_____		_____			
_____			_____		_____			
_____			_____		_____			
How and Where did you hear about our Franchise Opportunity? Why did you apply for a GOODAH franchise?								

Is this the first time you're applying for a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Why do you prefer the retail food and beverage business?								
Do you currently own a franchise business or have pending Application for other brands? (if Yes, pls. give details) <input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you have previous training on food preparation (food service operation)? (if Yes, pls. give details) <input type="checkbox"/> Yes <input type="checkbox"/> No								
Applied area/s			Would you consider other area/s <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of capital available for this business		



FRANCHISE INTEREST FORM

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EDUCATION

	Name of School	Address	Inclusive Dates	Degree Completed
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-graduate	_____	_____	_____	_____
Please list other academic degree/short courses taken/completed				

BUSINESS/WORK EXPERIENCE

Please list from the most recent. Use additional sheets if necessary

Name of Employer		Address		Position Title	Inclusive Dates
Supervisor's Name & Title		Beginning Salary	Ending Salary	Reason for Leaving	
Current Business	Address	Telephone	Fax	E-mail	
Nature of Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing/PR/Advertising <input type="checkbox"/> Food/Restaurant <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____			Type of Business Ownership <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Years in Operation	No. of Branches	Total No. of Employees		Annual Sales	Annual Salary
No. of employees directly supervised by you		Position & responsibilities of employees directly supervised by you			
When and how did your first business start?		What are routine/regular problems you attend to personally in your business?			
Identify major milestone/developments in your business within the past five years (e.g. expansion, renovation, etc.)					
How much time do you spend in your business? <input type="checkbox"/> daily basis (in terms of no. of hours) _____ <input type="checkbox"/> weekly basis (in terms of no. of days) _____			Does your business have any pending cases in court? If YES, Please provide details and status of the case		
Have you ever had an unsuccessful or loosing business? If YES, please provide details			What employee-related problem/s have you encountered lately?		

SOCIO-CIVIC AFFILIATIONS

Ex. Membership in Rotary, Lions Club, Mason, etc

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FRANCHISE INTEREST FORM

Page 3

Please list two (2) Professional and Character references

Name	Address	How long have you known the person?	Contact No.
_____	_____	_____	_____
_____	_____	_____	_____

Please list two (2) Bank/Credit References (Pls. indicate contact person/s where accounts are held)

Name	Address	How long have you known the person?	Contact No.
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL BACKGROUND

In order for us to evaluate your personal/corporate ability to fund GOODAH Restaurant franchise, please specify sources of fund.

Bank Information (A list of bank accounts, including savings and loans)

Name of Bank	Address	Cash Balance	Amount of Loan (If applicable)	Maturity of Loan
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Real Estate

Location	Description (residential, commercial, etc.) Size	Mortgages or Liens	Assessed Value	Present Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Automobiles registered in own name (indicate brand, year, color, plate no.)

Applicants Total Annual Income (indicate year)	How much and how soon do you expect the return on your investment?
_____	_____

In submitting the duly-filled application, the undersigned guarantee its accuracy with the intent that it be relied upon in assessing the application for GOODAH Restaurant franchise and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in the financial condition. The undersigned hereby authorizes Soyamensa Foods Inc. to verify and investigate the undersigned from whatever sources deemed appropriate and the undersigned release all parties from liability for any damage that may result from furnishing any information to Soyamensa Foods Inc.

The undersigned fully understands that falsifying any of the information contained herein is sufficient ground for rejection or termination of any contract that may hereafter executed between Soyamensa Foods Inc. and the undersigned franchise applicant. The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true, correct and complete.

Date _____

SIGNATURE OVER PRINTED NAME OF APPLICANT