CHROMA

FRANCHISEE EVALUATION FORM

The purpose of this is for you to provide us general information to help evaluate your qualifications for CHROMA FRANCHISE. This is not an application. If you qualify and a mutual interest develops, we will request additional information at that time. This form should be completed by EACH proposed partner. Please print of type your answers. You may attach additional pages if necessary to provide complete answers. Please answer all questions.

Personal Data

DATE OF APPLICATION:		20	REF/CODE
Last Name	First Name		Middle Name
Tel No.	Fax No.		Email Address:
Birthdate	Age		T.I.N. SSS Number
Current Home Address/Zip Code			Years of Residence
Previous Address			Years of Residence
Company Name			Position
Company Address:			
Civil Status: (Check One) ☐ Single ☐ Married ☐ Widowed			Height / Weight
Full Name of Spouse			Occupation of Spouse
Names of Dependent Children			Ages

Applicant's Franchise Plan

I am interested in your franchise because:	
Will the franchise be owned and operated by yourself or a group? (Check below)	
I plan to be a franchisee: ☐ actively involved in the business ☐ passive and behind the scenes	I plan to operate the franchise: ☐ as an individual ☐ with partners
Please explain fully.	
Amount of capital available for this business	
Describe fully	
Area/Location/Territory for which application made	
Would you consider any other area?	☐ YES ☐ NO
What area(s)?	

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BUSINESS EXPERIENCE

Have you beein in business for yourself?	
Name and Address of Employer	
Position/Title/Duties	
Dates of Employment (from/ /to/ /)	Person Reporting Directly to/Title
Reason for Separation	Starting Salary Ending Salary
Name and Address of Employer Position/Title/Duties	
Dates of Employment (from/ /to/ /)	Person Reporting Directly to/Title
Reason for Separation	Starting Salary Ending Salary
Name and Address of Employer	
Position/Title/Duties	
Dates of Employment (from/ /to/ /)	Person Reporting Directly to/Title
Reason for Separation	Starting Salary Ending Salary

EDUCATION

Name of School	Dates of Attendance	Course Attended/Graduated
Name of School	Dates of Attendance	Course Attended/Graduated
Name of School	Dates of Attendance	Course Attended/Graduated
Name of School	Dates of Attendance	Course Attended/Graduated

PHYSICAL CONDITION

General Physical Condition	Date of Last Physical Exam
Attending Physician	
List any Physical Impairments or Chronic Illneses Which May Preclude Certain Types of Activities	
Please explain.	

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INCOME

Year_____

Earned (salary, commissions, fees, etc.) Php _____

Interest & Dividends Received Php _____

Rents Received Php_____

Other Income

_____ Php_____

_____ Php_____

_____ Php_____

_____ Php_____

Gross Income Php_____

REFERENCES

Please list three professional and character references (Name, Email, Address, Mobile No.)
1.
2.
3.
Please list three Credit References (Name,Email, Address, Mobile No.)
1.
2.
3.

CONTINGENCIES

Do you have any contingent liabilities _____ Are any of your assets pledged?

If so, please enumerate _____ _____

_____ Have you ever taken bankruptcy?

_____ _____

_____ Are you a defendant in any law suit

_____ or legal action? _____

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CONFIDENTIAL FINANCIAL STATEMENT

(Please answer all questions using "no" or "none" when neccessary. Attach additional sheet as needed)

ASSETS

Cash on Hand (unrestricted in banks)
Accounts and Loan Receivables
Notes Receivable, Not Discounted
Notes Receivables, Discounted with banks finance companies, etc.
Life Insurance, Cash Surrender value (Do not deduct loans)
Other Stocks and Bonds
Real Estate
Automobiles, Registered in Own Name
Other Assets, Enumerate

LIABILITIES AND NET WORTH

Notes Payable to Banks, Unsecured Direct Borrowings Only
Notes Payable to Banks, Secured Direct Borrowings Only
Notes Receivables, Discounted with banks, financial institutions, etc.
Notes Payable to Others, Unsecured
Notes Payable to Others, Secured
Loans Against Life Insurance
Accounts Payable
Interests Payable
Taxes and Assessments Payable
Mortgages Payable on Real Estate
Other Liabilities (Itemize)
NET WORTH (In Php) TOTAL LIABILITIES and NET WORTH (In Php)

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No.5 The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description or Address	Dimensions	Improvements Consists of	Mortgages	Due Dates and Amounts of Payments	Assessed Values	Present Market Value	Unpaid Taxes
							Year/ Amount

In submitting the foregoing statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly witheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify CHROMA immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that CHROMA in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

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 and correct.

Date: _____ ,20_____

Signed:_____

Signature over Printed name