



MESG PRODUCTS PTE. LTD.

Headquarter Address: 3 Ang Mo Kio Street 62,
Link@AMK, #01-28, Singapore 569139

Tel: +65 8788 7076 / +65 6902 3188 Fax: +65 6983 4388

Email: franchise@metallicepoxy.sg

Website: www.metallicepoxy.sg

FRANCHISE APPLICATION FORM (INDIVIDUAL)

We appreciate your interest in owning & operating a MESG Franchise. Please print and complete the franchise application form (Indicate N.A for non-relevant information).

Once completed, scan and email your application form to a member of our franchising team at franchise@metallicepoxy.sg.

Franchising for (Country and City):

Company Information

First Name: _____ Date of Birth: _____

Last Name: _____ Mobile No.: _____

Home Address: _____ Home No.: _____

Country / Location: _____ Fax No.: _____

City: _____ Sex: Male / Female _____

Postal Code: _____ Marital Status: _____

Email Address: _____

Languages (fluent in): _____

Company Background

Highest Education Level: _____ Year attained: _____

Name of Institution: _____

Employment / Business History

(Please provide details of your employment status or business that you own)

Current Employer / Business Owned: _____
(Name of Company)

Date Joined / Left: _____ Monthly Income: _____

Position / Duties: _____
(For business owned, please describe business structure and duties)

Previous Employer / Business Owned: _____
(Name of Company)

Date Joined / Left: _____ Monthly Income: _____

Reason for leaving: _____

Position / Duties: _____
(For business owned, please describe business structure and duties)

Financial Information

Total Amount of Funds Available For The Franchise: SGD\$ _____

Relevant Information

Have you or your spouse ever been convicted of a criminal offence in any country? Yes / No

If yes, please provide details:

Are you or your spouse involved in pending litigation? Yes / No

If yes, please provide details:

Have you or your spouse ever voluntarily or involuntarily petitioned for bankruptcy? Yes / No

If yes, please provide details:

Have you or your spouse ever owned a company which became insolvent? Yes / No

If yes, please provide details:

Have you or your spouse suffered any major illness or accidents within the last five years? Yes / No

If yes, please provide details:

Are you or any of your immediate family members involved, directly or indirectly, in a similar industry.

Yes / No

If yes, please provide details:

Are you currently a Citizen / Permanent Resident of the country and city you are applying for? Yes / No

Are you able to apply as a registered business within the country and city you are applying for? Yes / No

General Information

What are the main reasons for your interest in MESH's Franchise?

Have you ever owned and operated a franchise? Yes / No

If yes, please provide details:

How involved will you be in operating the franchise? Please select one: 0% / 50% / 100%

Declaration

I do hereby represent that all of the above answers are true and complete to the best of my knowledge and belief. I recognise that MESHG is not in any way obligated to approve me as a franchisee because of our execution of this document. I acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with MESHG. I understand that an inquiry regarding my character, general reputation, personal characteristics, financial background and general fitness for being a MESHG Franchisee may be made as a result of this application.

In addition, by signing below I release any and all former and / or present employers, and any other personal or business references, from any liability whatsoever in connection with MESHG attempts to investigate my background and determine my fitness to become a franchisee. I hereby authorise the release of any and all documents, records, and other information pertaining to me to MESHG. A copy of this authorisation may be used in place of and shall be valid as the original.

I understand that this application is considered active for 90 days from the date below. I understand that MESHG reserve the right to reject my application without assigning any reasons whatsoever.

I confirm that I will immediately notify MESHG in writing of any changes to my personal data or any other information contained in this form. By completing this form, i consent to your collection, use and disclosure of any personal data for the purposes of evaluating the franchise application, and if my franchise application is approved, then for the further purposes of:

- (i) managing or terminating the franchise relationship; and
- (ii) conducting any other business or legal matters related (directly or indirectly) to the franchise relationship and/or operation of the MESHG franchise.

Applicant's Signature & Date

Thank you for completing the MESHG Franchise Application Form. We will contact you when your application has been short-listed. Please allow at least 2 weeks for processing. Scan and email your completed form to: **franchise@metallicepoxy.sg**

Confidential