

FRANCHISE APPLICATION FORM

(CONFIDENTIAL)

Kindly fill in the form below and submit the same.

PERSONAL DETAILS

TITLE (Mr/Mrs/Ms/Dr/Chief) _____

SURNAME: _____

FIRST NAME (S) _____

ADDRESS: _____

CITY: _____

STATE: _____

PHONE NO: _____

EMAIL: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

NATIONALITY _____

BACKGROUND INFORMATION

Highest professional qualification attained:

Describe your business or professional background:

Do you currently own a business? YES NO

Have you ever owned a business? YES NO

If yes, explain the type and nature of business you are/were into:

Do you currently own a franchise? YES NO

Have you ever owned a franchise? YES NO

If yes, explain the nature of the franchise:

Are you currently in employment? YES NO

If yes, where do you currently work?

What is your occupation/designation?

Do you intend to continue in your current employment if you were to own a Meadow hall franchise? YES NO

PAST EMPLOYMENT RECORDS:

PERIOD	NAME OF EMPLOYER	POSITION

RELEVANT EXPERIENCE

Do you have any experience in the education industry? YES NO

If yes, please specify

Do you have any leadership/ business management experience? YES NO

If yes, please specify

How many years of business management experience do you have? _____

How well do you understand your chosen franchise location?

MEADOW HALL CENTRES FRANCHISE

Where did you hear about Meadow Hall Branchise?

Why are you interested in Spring Meadow franchise?

Why do you think you will make an excellent Spring Meadow franchisee?

Please tick, which of the Meadow Hall franchise centres are you interested in?

- Meadow Hall Book cafe
- Meadow Hall Language School
- Meadow Hall Special Needs Centre

- Meadow Hall Art Programme
- Meadow Hall STEM Centre
- Meadow Hall learning centre
- Meadow Hall Music Academy
- Meadow Hall After school care

Where would you like to open a Meadow Hall franchise centre?

CITY: _____

STATE: _____

Do you have a site? YES NO

If yes, please state:

Status of the site _____

Location of the site: _____

Do you intend to have investment partners? YES NO

If yes, please provide their details:

1. Name of Partner (Mr/Mrs/Ms)

Relationship with partner _____

Address _____

Phone No: _____

Email: _____

Years of Business experience: _____

Professional Qualification: _____

2. Name of Partner (Mr/Mrs/Ms)

Relationship with partner _____

Address _____

Phone No: _____

Email: _____

Years of Business experience: _____

Professional Qualification: _____

Do you intend to involve your family members in operating the Spring Meadow franchise?

If yes, state why:

Are you considering other brands? YES NO

If yes, please explain:

MEADOW HALL CENTRES FRANCHISE

1. How much money do you have to invest?

- Less than N10, 000,000
- N10, 000,001 – N50, 000,000
- Above N50, 000,000

2. Where will your investment fund come from (you can have multiple source of income).

- External investors
- Personal savings
- Bank loan

Others (Specify) _____

3. What is your current gross cash income for the year? _____
4. State other assets (if any):

5. What is current value of any owned property? _____
6. What is the value of any owned mutual funds/shares owned?

7. What are your current total cash liabilities for the year? _____
8. What is the total mortgage on your property (if any) _____
9. State other Liabilities (if any)

DECLARATION

Please answer the following questions:

Have you ever been convicted of a criminal offence by a court of law, in Nigeria or overseas? YES NO

Have you ever been involved in any civil litigation in the past 5 years? YES NO

If you answer yes to any of the questions above, please give details:

I _____
certifies that the information provided herewith is true and accurate to the best of my
knowledge.

Please note that if any applicant is found to have wilfully provided misleading
information, the application for the franchise and its subsequent award shall be
deemed null and void.

Name: _____

Signature _____

Date _____