



Personal Information

Franchise Enquiry Form

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>		
Address	<input type="text"/>		State	<input type="text"/>	Zip Code	<input type="text"/>	
	<input type="text"/>		Country	<input type="text"/>			
DOB	<input type="text"/>	Gender	<input type="text"/>	Pri. Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
Tax ID/SSN	<input type="text"/>	Email	<input type="text"/>		Fax	<input type="text"/>	

Are you of legal age in your State/Province/Residence Area? Yes No

Have you ever been convicted of a felony? Yes No

Have you been involved in any litigation proceeding withing the last 5 years? Yes No

Business Information

Self Employed Employed By Years in Business * numeric only

Name of Business

Title

Nature of Business

Address State Zip Code

Country

Business Phone Alt. Phone

Financial Information (in USD)

Annual Income (current occupation) \$ * numeric only

Annual Income (other sources) \$ * numeric only

Please explain other income

Bank Reference	Branch	Address	Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A) Individual Liquid Assets (Cash, Stocks, etc)

B) Individual Fixed Assets (Home, Car, etc)

C) Individual Total (A + B)

D) Individual Liabilities (Mortgages, Loans, etc)

E) Individual Total Net Worth (C - D)

This business is your sole income source Yes No * numeric only

Will you apply for finance to obtain franchise? Yes No If yes, how much financing are you applying



الشركة البحرينية للترفيه العائلي ش.م.ب
BAHRAIN FAMILY LEISURE COMPANY B.S.C

Reference (Excluding Relatives)

Franchise Enquiry Form

Name	Address	Telephone
* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Partners (All partners should fill out a separate application)

Will you have partners(s)? Yes No (if no, you may skip this section. Otherwise, complete section below.)

First Name	Middle Initial	Last Name	<input type="radio"/> Active <input type="radio"/> Silent	% Ownership * numeric only	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="text"/>

Restaurant Operations

If qualified, when will you invest in a franchise?

How involved will you be in operating the restaurant?

Preferred geographic area for franchise 1)

2)

Estimated training date, should you choose to invest

Disclaimer

I understand that the approval of a franchise is at the sole discretion of the Franchisor (Bahrain Family Leisure Company- Cucina Italiana). I understand that any information I receive from the Franchisor or from any officers, employee, agent or franchisee of the Franchisor is highly confidential ("Confidential Information"). Franchise information has been developed with a great deal of effort and expense to the Franchisor, and is being presented to me solely because of this Inquiry. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Franchisor, disclose, share, or copy any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor. I authorize the Franchisor to conduct background verification and perform a general background search. I understand that these Investigations may disclose information about my background, character, general reputation, relations with other individuals or entities, creditworthiness, litigation history and job performance. I hereby release the Franchisor, a credit bureau, security consultant or other investigative service agents selected by the Franchisor, its officers, agents, employees, and/or servants from any liability arising from the preparation of these Investigations. This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, relationships with others. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to designated representatives of the Franchisor, a credit bureau, security consultant or other investigative service agents selected by the Franchisor. I further authorize Franchisor to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my qualification as a potential CUCINA ITALIANA franchisee. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization I release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original. I agree that I will resolve any and all previously unasserted claims, disputes or controversies arising out of or pertaining to my franchise application for the right to operate a CUCINA ITALIANA franchise from Franchisor. I certify that all information provided in this application is true and I understand that the information provided by me will be used for franchise application review by the Franchisor. I understand that I will not be approved to purchase a franchise if I fail to satisfactorily meet the pre-conditions established by the Franchisor. Additionally, I understand that the Franchisor may require me to pass a personality test.

I have read the above disclaimer

Please mail all completed inquiry forms to Renjith Pillai, HR & Administration Manager, BFLC, 10th Floor Gulf Executive Offices, Adliya, Block 338, PO BOX 11612, Kingdom of Bahrain, Email: CucinaFranchise@bflc.com.bh

Type name to indicate consent and signature will be required at time of sale

Applicant's Typed Name

Date

We recommend that you print a copy for your record