



4th Floor St. Francis Square Mall, Julia Vargas cor. Bank Drive, Ortigas Center, Mandaluyong City, Philippines 1550  
 Tel. No.: (632) 632-1010 Loc. 543 Mobile No.: 0922-8979198 Fax Nos.: (632) 637-4430 / 637-5474  
 email: franchise@stfrancissquare.com.ph / stfrancisdug@gmail.com website: www.stfrancisgenerics.net

## FRANCHISE PRE-QUALIFICATION FORM

(HIGHLY CONFIDENTIAL)

The purpose of this form is to provide general information to help evaluate your qualifications for the St. Francis Generic Drug franchise you are applying for. This form should be completed by **EACH proposed partner**. You may attach additional pages if necessary. Please answer all questions. Please print your answers.

\*For St. Francis Franchising Corp. Use Only\*

Date of Application: \_\_\_\_\_

Application No.: \_\_\_\_\_

### PERSONAL DATA

Last Name	First Name	Middle Name	T.I.N	SSS Number
Birth Date (MM/DD/YYYY)	Age	Gender	Mobile No.	Tel. No. Fax. No. E-mail Address
Current Address/Zip Code			Years of Residence	
[ ] Provincial or [ ] Previous Address			Years of Residence	
Height	Weight	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Widowed
Full Name of Spouse		Birth Date (MM/DD/YYYY)	Age	Occupation
Names of Children or Other Dependents			Ages	

### APPLICANT'S FRANCHISE PLAN

I am interested in this franchise because:
_____
Amount of Capital available for this business: Php _____
Source of Capital: <input type="checkbox"/> Salary <input type="checkbox"/> Savings <input type="checkbox"/> Partner <input type="checkbox"/> Loan <input type="checkbox"/> Others: _____
If you need additional funds, how much would you need? _____
How would you plan to obtain this? _____
Will the franchise be owned and operated by yourself or a group?
I plan to operate the franchise business as:
<input type="checkbox"/> an individual <input type="checkbox"/> active: will be directly involved in management/operation
<input type="checkbox"/> with partners <input type="checkbox"/> passive: will be behind the scenes
If with partners, state the name of all your partners, or incorporators if under a corporation:
_____

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.



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### BUSINESS EXPERIENCE (IF APPLICABLE)

Do you own a business currently? <input type="checkbox"/>			Have been in business for yourself? <input type="checkbox"/>			No business experience <input type="checkbox"/>		
If you are or have been a business owner, please provide the following details:								
Type of business:								
Trade Name or Company Name:								
Address:								
Position/Title/Duties								
Percentage of Ownership/Capitalization								
Dates of Business Establishment (indicate from-to period)								
Status of Business:			Operational/Active <input type="checkbox"/>			Closed/Inactive <input type="checkbox"/>		
If closed or inactive, state reasons why:								
* YOU MAY ATTACH ADDITIONAL INFORMATION * ATTACHED <input type="checkbox"/>								

### EMPLOYMENT EXPERIENCE (IF APPLICABLE)

Currently employed <input type="checkbox"/>		Previously /Past employed <input type="checkbox"/>	
Name of Employer:			
Address:			
Position/Title/Duties			
Dates of Employment (indicate from-to period)			
Person Reporting Directly To/Title			
If employed from the past, state reason for separation:			
Starting Salary:		Ending Salary:	
* YOU MAY ATTACH RESUME FOR ADDITIONAL INFORMATION * RESUME ATTACHED <input type="checkbox"/>			

### EDUCATION BACKGROUND

Name of School	Dates of Attendance	Course	Date Graduated

### PHYSICAL CONDITION

General Physical Condition	Date of Last Physical Exam
Attending Physical	
List Any Physical Impairments or Chronic Illnesses Which May Preclude Certain Types of Activities	
Please explain	



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### Strictly Confidential Financial Statement

(Please answer all questions using "no" or "none" where necessary. Attach additional sheets as needed.)

### ASSETS

Cash on Hand:	Savings in Bank:
Bank Account/s	
Life Insurance	
Stocks and Bonds	
Real Estate	
Automobile/Vehicles	
Other Assets, Enumerable:	

### INCOME

Year _____	State none or N/A if not Applicable
Earned (salary, commissions, fees, etc.)	Php _____
Interests & Dividends Received	Php _____
Rents Received	Php _____
Other Income	
_____	Php _____
_____	Php _____
_____	Php _____
_____	Php _____
Gross Income	Php _____

### REFERENCES

Please list professional and character references (Name-Address-Phone No.-Fax No.)
1.
2.
3.
Please list Credit References (Name-Address-Phone No.-Fax No.)
1.
2.
3.
Please list Bank References (Name-Address-Checking Account/Savings Account/Others)
1.
2.
3.

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## CONTINGENCIES

Do you have any contingent liabilities? \_\_\_\_\_ If so, please enumerate: \_\_\_\_\_  
 Are any of your assets pledged? \_\_\_\_\_ If so, please enumerate: \_\_\_\_\_  
 Have you ever taken bankruptcy? \_\_\_\_\_  
 Are you a defendant in any lawsuits or legal actions? \_\_\_\_\_  
 Have you ever been charged with or convicted of a felony? \_\_\_\_\_  
 If so, please explain \_\_\_\_\_

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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 withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify **St. Francis Franchising Corp.** or its agents 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 **St. Francis Franchising Corp.** or its agents, 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: \_\_\_\_\_

SIGNED: \_\_\_\_\_

*Franchise Applicant  
 Signature Over Printed Name*