



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@stfrancisquare.com.ph / stfrancisdrug@gmail.com website: www.stfrancisgenerics.net

LETTER OF INTENT

To The Franchise Manager

Dear Sir/Madame:

I wish to formalize my interest and intention in pursuing a franchise application of St. Francis Generic Drug. I intend to set up a franchised outlet in (state location) _____

BASIC LEASE INFO:

- ☐ Stand-alone ☐ W/Parking Slot
☐ Mall space ☐ Common Dining
☐ Others _____

A. Exact Address: _____

B. Lease Terms

Space Size: _____ sqm.
 Lease Rates: _____ / month
 Lease Terms: _____ mos. advance
 _____ mos. deposit

CAM/CUSA: _____

Escalations: _____

Lease Period: _____ years

Renewal: _____ years

Other Charges: _____

C. Key Elements of Locations:

(Check all that apply)

- ☐ Business or Financial Districts
☐ Church
☐ Corner lot
☐ Hospitals/Clinics
☐ Mall - If yes, please indicate: inside or vicinity _____
☐ Office / Call Center Areas
☐ Public Market
☐ Residential Community
☐ School Community
☐ Supermarket / Hypermart
☐ Transport Terminal (jeepney, bus, tricycle)
☐ Others (Specify) _____

Indicate the nearest competitor in the area, if any:

Name: _____

Proximity: _____

LESSOR'S CONTACT INFO:

Contact Person: _____

Contact Number/s: _____

☐ Attached is the sketch of proposed location indicating the key elements within the vicinity.

- Please indicate the boundary notation if it's near a city boundary
- Photos or any additional location details may be submitted

Would you consider other areas?

☐ No ☐ Yes, what areas? _____

For your review and consideration.

Thankyou and God bless you.

FRANCHISE APPLICANT
 PRINTED NAME AND SIGNATURE

APPLICANT'S DATA

Home Address: _____

Res. No.: _____

Ofc. No.: _____

Fax No.: _____

Mobile: _____

E-mail: _____

* For Franchisor Use Only *

Application No: _____

	INITIAL	
Site Evaluation Request sent on: _____	_____	[] Approved [] Disapproved Date: _____
Follow-up Status 1: _____	_____	Reason: _____
Follow-up Status 2: _____	_____	Reason: _____
Follow-up Status 3: _____	_____	Reason: _____