



EduFirst Learning Centre Confidential Questionnaire

Thank you for your interest in EduFirst Franchise opportunities. The Completion and submission of this form places no continuing obligation on either EduFirst or the applicant. It will provide confidential information we need to determine if you are qualified to start the process of becoming an EDUFIRST Franchisee.

Personal Data (For all persons involved in ownership of business)

Name	NRIC / FIN Number	Citizenship
Home Address		Postal Code
Date of Birth		
If married: Spouse Name		Number of Children
Home Phone	Business Phone	Fax
Business Address		Email

Business and Employment History

Applicant's Current Employment Status: Full Time: Part Time: Casual: Self-employed:
 Unemployed:

Position Held:	How Long?
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From	To	Organization	Position	Salary

Spouse's Current Employment Status: Full Time: Part Time: Casual: Self-employed:
 Unemployed:

Position Held:	How long?
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Have you ever owned a franchise or your own business? No: Yes: Type of Business: _____

Have you ever failed in business, filed bankruptcy or compromised with creditors? Yes: No:

Are you currently or have you ever been involved in any lawsuits? Yes: No:

If yes, give particulars _____

Have you ever been convicted of a crime (except traffic misdemeanors)? Yes: No:

If yes, give particulars _____

Education and Experience (For all parties involved in ownership of business)

(Please indicate the last year you completed and if you graduated)

Polytechnics: Junior College: University: Masters: PhD: Graduate: Major:

Your education and special skills (a personal resume is preferred)

Financial Information

Please indicate total amount and source of fund allocated to invest in running the EDUFIRST program

Do you currently have a source of financing or any investor/associates who would join you in this venture?

Yes: No:

If yes, give particulars _____

What is your Management Plan?

(Instructor & staff recruiting plan, Product: EDUFIRST Student Care/ Tuition, Place: Learning centre, community centre, etc?)

Please tell us anything else you think is relevant, such as family business history, your personal business objectives, and what your most significant contribution would be to this business.

Please indicate if there is any direct or indirect family members are in the business which is in conflicts to EDUFIRST Program. Please provide details.

I am submitting this Confidential Questionnaire to obtain further information about the EDUFIRST Franchise System. I understand that neither EDUFIRST nor I are under any obligation whatsoever. Should I proceed with my investigation of the EDUFIRST Franchise opportunity, my signature constitutes my approval for you to make a routine check and conduct such other searches, as you may consider appropriate.

The undersigned warrants that this information is true and correct and that EDUFIRST may consider this statement as true and correct until a written notice of change is given to EDUFIRST by the undersigned.

Signature:

Date :

Name:

Please email your application to enquiry@edufirst.com.sg