

## SCR FRANCHISE/ LICENSING APPLICATION DETAILS

Dear business partners, greetings!

We would like to take this opportunity to thank you for your interest shown towards the Licensing Franchise Program.

In order to assist us to further process your application, we would appreciate that you fill up this application form completely and truthfully. However, if a particular item does not apply to you, please indicate N/A.

All information provided in this form must be current and accurate. You can rest assured that your information will be kept confidential. Please kindly be informed that completing and sending this form back to us will not obligate you in any way.

Upon receipt, we will process your application and revert back to you as soon as possible.

Thank you for choosing SCR.

You will be hearing from us shortly.

Sincerely,

The Food People within Our Great Family Restaurant



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SCR Corporation Sdn Bhd.

Lot 7487-7489, 1st Floor, Block 16, Taman Timberland, 3rd Mile. 93200 Kuching, Sarawak, Malaysia.



**SCR Franchise/Licensing Application Details**

(KINDLY TYPE, OR OTHERWISE WRITE LEGIBLY IN BLOCK LETTERS. THANK YOU.)



Full Name : \_\_\_\_\_

Home Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Correspondence Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code : \_\_\_\_\_

NRIC No : \_\_\_\_\_

Passport No : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Age : \_\_\_\_\_

Nationality : \_\_\_\_\_

Gender : \_\_\_\_\_

Email Address : \_\_\_\_\_

Telephone No : \_\_\_\_\_

Fax No : \_\_\_\_\_

Mobile No : \_\_\_\_\_

Religion : \_\_\_\_\_

Marital Status : \_\_\_\_\_

Spouse Name : \_\_\_\_\_

No. of Children : \_\_\_\_\_

Present State Of Health : \_\_\_\_\_

Language(s) Spoken : \_\_\_\_\_

Language(s) Written : \_\_\_\_\_

Highest Education Qualification : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Employment History**

No.	Company Name & Address	Period	Last Position Held

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**Franchise Plan Ownership Information**

Location Preferred

	Location	Town/ City
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

How do you intend to operate your franchise? Please tick (✓) one.

Sole Proprietorship	<input type="checkbox"/>
Legal Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>

I am interested as an:

Owner / Operator	<input type="checkbox"/>
Owner / Investor	<input type="checkbox"/>

**Commitment on SCR Franchise/Licensing**

1. How do you know about the SCR Franchise /Licensing?

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2. Do you have the proposed location to operate? Please provide details and plans if affirmative.

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3. If your application is successful, when could you begin?

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4. Kindly provide reason(s) for your interest in this SCR Franchise /Licensing.

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5. How do you propose to finance your investment?

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Amount of **CASH** available to invest in SCR Franchise/Licensing business. Kindly tick (v) where appropriate.

Below RM 80,000	<input type="checkbox"/>
RM 80,000 – RM150,000	<input type="checkbox"/>
RM 150,000 – RM 300,000	<input type="checkbox"/>
RM 300,000 – RM 500,000	<input type="checkbox"/>
Above RM 500,000	<input type="checkbox"/>

Amount of loan to source from financial institution if you decide to borrow. Kindly tick (v) where appropriate.

Below RM 200,000	<input type="checkbox"/>
RM 200,000 – RM 400,000	<input type="checkbox"/>
Above RM 400,000	<input type="checkbox"/>

- Please include below any additional information that you believe will assist towards the evaluation of your application.



**Business/ Financial Profile**

**Company Information**

Company Name : \_\_\_\_\_

Company Registration No. : \_\_\_\_\_

Date of Registration : \_\_\_\_\_

Registered Business Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nature of Business : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Years in Business : \_\_\_\_\_

Telephone No : \_\_\_\_\_ Fax No : \_\_\_\_\_

Authorized Capital : \_\_\_\_\_ Paid Up Capital : \_\_\_\_\_

Names of Shareholders : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Person in Charge : \_\_\_\_\_



**Business/ Financial Profile**

**A.**

No.	Name of Other Business currently engaged in	Nature of Business	Total Investment of Applicant	Annual Sales of Business

**B.**

No.	Name of at least 2 Business Associates (For Reference only)	Business Address	Tel Contact

**C.**

No.	Properties Owned	Fair Market Value To Date

**D.**

No.	Bank/ Financial Institution References	Address and Tel. No.	Contact Person





I/ We the undersigned, warrant that all information provided herein are current, true and correct to the best of my/ our knowledge.

I/ We understand that any incorrect statement and/ or misrepresentation or omission herein provided shall be sufficient cause for the outright rejection of this application.

\_\_\_\_\_  
Signature  
Full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Full name

\_\_\_\_\_  
Date

**Please take note:-**

1. The acceptance of this application form is not itself as admission of liability and/ or obligation on the part of SCR Corporation Sdn Bhd.
2. This is an application form for SCR Business Franchise/Licensing and hence it shall not be construed as a business contract in any way.





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## Documentation required upon Submission

### A. For Individual Application

- Applicant's most recent passport size, colour photo
- Photostat copy of Applicant's NRIC (Both Sides)
- Copy of latest 3 months Bank Statement(s)
- Processing Fee of RM 50.00 in cheque/ Bank Draft made payable to;  
SCR Corporation Sdn Bhd (335311-H)

### B. For Company Application

- Certified true copy (CTC) each of Company's M&A, Form 9, 13, 24, 44 and 49
- Copy of latest 3 months Bank Statement(s)
- Processing Fee of RM 50.00 in cheque/ Bank Draft made payable to;  
SCR Corporation Sdn Bhd (335311-H)