



CENTO % GELATO FRANCHISE APPLICATION FORM

* = Required Fields. These fields and questions must be completed or your application may not be accepted.

PART A - GENERAL INFORMATION

*FIRST NAME:		*SURNAME:	
DATE OF BIRTH:		*NATIONALITY:	
MARITAL STATUS:		SPOUSE'S NAME:	
*RESIDENTIAL ADDRESS:			
*CITY:	*COUNTY:	*POSTCODE:	
HOME PHONE:		*BUSINESS PHONE:	
MOBILE NUMBER:		FAX NUMBER:	
EMAIL:			
PREVIOUS ADDRESS (IF LESS THAN 4 YEARS AT CURRENT ADDRESS):			
		POSTCODE:	

HOW DID YOU HEAR ABOUT THIS FRANCHISING OPPORTUNITY:			
DO YOU HAVE A LOCATION?		YES	NO
IF YES, PLEASE PROVIDE THE ADDRESS:			
CITY:	COUNTY:	POSTCODE:	
IS THE LOCATION FREEHOLD OR ON LEASE HOLD		FREEHOLD	LEASE HOLD
WHAT CITY WOULD YOU BE INTERESTED IN FOR RUNNING A CENTO % GELATO FRANCHISE?			
CHOICE 1:		CHOICE2:	
CHOICE 3:		CHOICE 4:	

EDUCATION:			
COURSE NAME	QUALIFICATIONS	YEAR	INSTITUTION

PART B - BUSINESS EXPERIENCE

DO YOU HAVE ANY BUSINESS OPERATING EXPERIENCE?		YES	NO
IF YES, THAN WHAT TYPE OF BUSINESS		SOLE PROPRIETOR	PARTNERSHIP
COMPANY PROFILE:			
DO YOU HAVE EXPERIENCE IN THE FOOD INDUSTRY?		YES	NO
IF YES, PLEASE OUTLINE PREVIOUS EXPERIENCE:			
DO YOU HAVE ANY OTHER BUSINESS INTERESTS?		YES	NO
IF YES, PLEASE PROVIDE DETAILS:			

PART C - FINANCIAL DETAILS

*MONTHLY INCOME:		*DIVIDENS, INTEREST:	
PROPERTY INCOME:		SPOUSE INCOME:	
TOTAL INCOME \$ (USD)			

ASSETS:	\$ (USD)	LIABILITIES:	\$ (USD)
CASH ON HAND IN THE BANKS:		LOAN PAYABLE - BANK	
SECURITIES, SHARES, UNIT TRUSTS:		LOAN PAYABLE - FRIENDS / FAMILY:	
BONDS AND DEBENTURES:		ACCOUNTS AND BILLS DUE:	
NOTES, ACCOUNTS RECEIVABLE:		PROPERTY MORTGAGES:	
PROPERTY - CURRENT MARKET VALUE:		OTHER DEBTS AND OBLIGATIONS:	
NET VALUE OF BUSINESS INTERESTS:			
OTHERS - I.E. PERSONAL PROPERTY:			
TOTAL ASSETS:			
NET WORTH (ASSETS LESS LIABILITIES):		TOTAL LIABILITIES:	

*HOW MUCH FREE CAPITAL DO YOU HAVE AVAILABLE TO INVEST IN THE CENTO % GELATO FRANCHISE?

	AMOUNT \$ (USD):	
*HAVE YOU EVER HAD A BUSINESS FAILURE:	YES	NO

IF YES, PLEASE EXPLAIN:

*HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY:	YES	NO
IF YES, PLEASE PROVIDE DETAILS, I.E. DATE, PERSON(S) INVOLVED:		

BANK DETAILS:

NAME OF THE BANK:	
BANK ADDRESS:	

PART D - DECLARATION

*MEDICAL HISTORY - PLEASE GIVE BELOW DETAILS OF ANY ILLNESSES, OPERATIONS, ACCIDENTS:

I hereby declare that, to my best knowledge and belief, the above statement and particulars are true and complete. I also authorize you to make any enquiry you consider necessary in connection with this application. I undertake to furnish any alterations to the above particulars should I apply for further credit at any time in the future. I am aware that, should this application be refused, no reason need be given.

I understand that any misrepresentation of factual information requested on this application form maybe a cause for removal from the system.

DATE:	(DD/MM/YY)	I AGREE	
-------	------------	---------	--



www.gelatouae.com

Call Us +971 4 380 80 80 / +971 56 5269800

Email us hello@gelatouae.com
 Visit us Shop 3, Ground Floor, B2 Mall,
 Jumeirah Beach Road, Jumeirah 3, Dubai.