



# FRANCHISE INQUIRY FORM

Why do you wish to own your own business?

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What qualities do you believe are necessary to be successful?

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When do you wish to start in business?

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## OPERATING THE BUSINESS

Will you work full time in the business & who else will be involved?

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Do you have the full support of your spouse/partner & family?

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Other info – Including any factors, like health considerations, both physical or mental, or other commitments, which may affect your performance as a franchisee

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## DECLARATION

In consideration of you agreeing to consider the application and to enter into discussions with me, I hereby undertake to keep confidential all information which CHIPS Franchise Ltd and its agents may provide me with in regard to the business, its systems, know-how and confidential information and not use it myself or allow others to do so for any purpose whatsoever save to enable me to consider whether or not to become your franchisee. I also recognise that the information provided by me to CHIPS Franchise Ltd will be used to assess my suitability as a franchisee and I confirm that the information provided is accurate and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Please complete and return the form to:  
CHIPS Franchise Ltd

In order for CHIPS to assess your suitability for a franchise it is essential you complete the form in full

