

Bebax Coffee™ 16 A Street, Nadd Al Hamar Al Awir Road Dubai, United Arab Emirates

Email: hello@bebaxglobal.com Phone: (+971) 4 394 3791

Franchise Application Form

Note: All information will be kept strictly confidential.

your new photograph

Personal Particulars					L	
Full Name:				Date of Bi	irth:	
Address:						
Telephone:	(Mobile)		_ (Home)			(Office)
Email Address:			_Gender:	Male	Female	
Nationality/PR Status: _			_ Marital Sta	atus:	· · · · · · · · · · · · · · · · · · ·	
Relevant Personal Skills	:					· · · · · · · · · · · · · · · · · · ·
Which Country(ies) are y	you interested in opera	ating a Bebax Fran	chise?			
Are you seeking a:	Master Franchise	Area Franchi	ise Si	ngle-Unit	Franchise	
Academic Qualification	าร					
Highest Education Level	:	Name	e of Institution	on:		
Details of Qualifications:						
Formal Training:						
Employment/Business	History					
Current Employer or Bus	siness Owned:		Posit	tion:		
Business Address:						
Describe Duties/Respon	sibilities:					· · · · · · · · · · · · · · · · · · ·

 Previous Employer or C 	Other Business Owned:	
Address:		
Last Position Held:	Date Joined:	Date Left:
Duties:		
Reason for Leaving:		
	Other Business Owned:	
	Date Joined:	Date Left:
Franchise and F&B Expe	<u>rience</u>	
Do you have experience in	the F&B Industry: Yes No If so, how man	ny years?
(eg. Café, coffee shop, food stall i	ediate family members currently own a F&B outlet? in food court, etc.) e of outlet & location:	
Now familiar are you with f	ranchise concept? Very Fairly Little	Not at all
How do you or any of your	immediate family members currently have a F&B f	ranchise? Yes No
If yes please indicate the fr	ranchise brand & concept:	
Financial Standing		
Assets: Savings Account Fixed Deposit Funds	Bank/Financial Institution	Amount (US\$)
Others (please specify)		
Liabilities: Car Loan Housing Loan Total Credit Cards Others (please specify)	Bank/Financial Institution	Amount (US\$)

If your current funds are less than required, how do you propose to finance the franchise?					
Other Information					
Will you devote significant time and effort to the franch	hise? Yes No				
If not, how do you propose to operate the franchise? _					
Will any of your family members be helping you run th	ne franchise? Yes No				
Are you considering a business partner? Yes Why are you applying for a Bebax Franchise?	No Name of Partner:				
Why are you applying for a Bebax Franchise?					
How did you learn about Bebax Franchise System?					
How soon do you expect a return on your investment?	? (months)				
Why are you applying for a Bebax Franchise?					
References					
Personal References					
Name:	_ Telephone:				
Occupation:					
Name:	_ Telephone:				
Occupation:					

Declarations

I hereby confirm that the above information is true and complete to the best of my knowledge. I recognize that this application is in no way binding upon either party and that Bebax Coffee™ of Bin Jumah Group LLC is not in any way obligated to franchise a store to me because of our execution of this document. I acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with Bin Jumah Group LLC.

(Applicants Signature)	(Date)

Thank you for completing the Bebax Coffee™ Franchise Application Form. We will contact you should your application be short-listed. Please allow at least 2 weeks for processing. Send your Completed form to:

The Franchise Manager Bebax Global

16 A Street, Nadd Al Hamar Al Awir Road Dubai, United Arab Emirates

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