



**IEHRD COUNCIL**  
International Education And Human  
Resource Development Council

## Franchise Application Form

*Please fill in the below application form and Email to: [admin@iehrdcouncil.com](mailto:admin@iehrdcouncil.com)*

<b>Location Proposed</b>	
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<b>Section A1 : Applicant Personal Information</b>					
Full Name (As in NRIC)		Gender	Male Female	Date of Birth	____/____/_____ (dd/mm/yyyy)
Telephone	Home:	Mobile:			
Address					
Email					
Experience in Hospitality	<input type="checkbox"/> No Experienced	<input type="checkbox"/> Experienced i) Year/s of Experienced: _____ ii) Job Title: _____ iii) Business Involved: _____			
Education	Highest Level				
	University/ College/ School				
<b>Section A3 : Employment Business History</b>					
Employment / Business History	Current Employer / Business Owned: (Name of Company)				
	Position:				
	Monthly Income:				
	Date of Joined:				
	Date of Leaving:				
Employment / Business History	Current Employer / Business Owned: (Name of Company)				
	Position:				
	Monthly Income:				
	Date of Joined:				
	Date of Leaving:				



**Others Information I.II**

2. Explain more about the area you are targeting to set up the Blackball franchise.	
3. Has your company or any of its key managers operated a franchise business before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the names of the franchise(s) and provide a description of it/them. Also state if any of the franchise is still operating or has expired?	
4. Please include any other information that you feel is relevant to your application.	
Have you (for individual applicant) or your directors (for company applicant) ever been convicted of a criminal offence or are you currently involved in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:
Are you, your spouse (for individual applicant), your directors (for corporate applicant) now or in the past 5 years, been a party, plaintiff or defendant in any type of civil litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:

**Others Information I.II**

Have you, your spouse (for individual applicant), the company or its directors (for corporate applicant) or any companies which you have been a director in ever declared bankruptcy or became insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:
Have you or your spouse suffered any major illnesses or accidents within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details:

**Declaration**

I do hereby represent that all of the above answers are true and complete to the best of my knowledge and belief. 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 IEHRDC. I understand that an inquiry regarding my character, general reputation, personal characteristics, financial background and general fitness for being a IEHRDC franchisee may be made as a result of this application.

I hereby authorise the release of any and all documents, records, and other information pertaining to me to IEHRDC. A copy of this authorisation may be used in place of and shall be valid as the original.

I understand that IEHRDC reserve the right to reject my application without assigning any reasons whatsoever.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Designation**

\_\_\_\_\_  
**Date**