

FRANCHISE ENQUIRY FORM

This franchise opportunity is for

Myself: _____ (please fill up Section A) Company: _____ (please fill up Section B)

SECTION A: PERSONAL PARTICULARS

Name: _____

Age: _____ Citizenship: _____

Address: _____

Country: _____ Postal Code: _____

Fax: _____ Tel: _____ Mobile: _____ (Office): _____

Email: _____ Occupation: _____

Employer's Name & Address: _____

Career Record (with the last 2 employees):

Highest Qualification Attained:

Character References:

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Tel: _____

Tel: _____

Email: _____

Email: _____

Years Known: _____

Years Known: _____

SECTION B: COMPANY PARTICULARS

Name of Company: _____

Date of Formation: _____

Type of Business: _____

Paid up capital: US\$ _____

Major Shareholders: _____

Number of Staff: _____

Address: _____

Country: _____ Postal Code: _____

Fax: _____ Tel: _____ Email: _____

Company References

Name of Company: _____

Contact Person: _____

Type of Business: _____

Address: _____

Country: _____ Postal Code: _____

Fax: _____ Tel: _____ Email: _____

Paid up capital: US\$ _____

Major Shareholders: _____

Nature of business dealings with you: _____

SECTION C: FINANACIAL INFORMATION

Current Net Worth (Total Assets less Liabilities): US\$ _____

Main Bank: _____

Manager-in-charge: _____

SECTION D: GENERAL INFORMATION

Which franchise package are you interested in? (Please tick)

Master Franchise Package
 Area Franchise Package
 Unit Franchise Package

Which school are you interested in operating? (Please tick)

School of Information Technology, Digital Media and Mass Communication
 School of Business and Law
 School of Psychology
 TMC College
 Hawthorn Language School
 School of School of Tourism, Hospitality & Culinary Arts

Interested investment amount in the TMC Franchise: US\$ _____

How did you become interested in the education and training business?

What are your expectations from the business in:

3 years? _____
5 years? _____
10 years? _____

Is your spouse or any of your relatives currently working in the education or training business? If yes, please provide details.

Do you currently own or lease premises suitable for a TMC franchise package? If yes, please indicate location and size of floor space. If no, please state the means for acquiring a suitable premise.

I confirm my genuine interest in the TMC Franchise Package/s and that the facts provided above are true.

Signature

Date

Please email or send this form to the address provided below:

TMC FRANCHISE INT'L PTE LTD (Franchisor)
38 C Jalan Pemimpin, Singapore 577180
Tel: (+65) 6671 2788 Fax: (+65) 6671 2724
Email: enquiries@tmc.edu.sg