

MINIMUM FINANCIAL REQUIREMENTS & APPLICATION PROCEDURE

- **Minimum Nett Worth of Rp. 4 Billion.**
 - **Minimum Liquidity of Rp. 2 Billion (cash or cash equivalents)**
 - **OldTown White Coffee will accept individual and corporate applications from qualified prospective Franchisees.**
 - **Individual Applications must be submitted for each person who will have an ownership interest in the OldTown White Coffee Franchise.**
 - **Corporate Applications must include a current bank letter of reference/certificate and certified financial statements. Individual Applications are also required of corporate applicants for each owner with an interest of 10% or more. Additional materials supporting creditworthiness, annual reports, etc. should also be attached.**
-

The application is an integral part of the franchise approval process. Please take the appropriate time and care in completing your application so we can fully consider your request.

OldTown White Coffee, will only consider completed applications that adhere to the application format, and will return all incomplete applications.

If you need assistance or have a question, we welcome you to call any member of our Business Development Team on **+6221 585 8076** or by email to **franchise@oldtown.co.id**

CORPORATE FRANCHISE APPLICATION



(Complete in full and do not use abbreviations, please print clearly or type)
The filing of this application does not oblige the applicant to become a franchisee of OldTown White Coffee.

Corporation Name: _____

Country of Incorporation : _____ Key Contact Person: _____

Address: _____ City/State/Country/ Postal Code: _____

Phone: () _____ Fax: () _____ Email: _____

Company Officers

1. Name: _____ Title: _____

2. Name: _____ Title: _____

3. Name: _____ Title: _____

4. Name: _____ Title: _____

Credit Information

Primary Bank: _____ Contact: _____ Phone: () _____

Address: _____ City/State/Post Code: _____

Credit Reference: _____ Contact: _____ Phone: () _____

Address: _____ City/State/Post Code: _____

Credit Reference: _____ Contact: _____ Phone: () _____

Address: _____ City/State/Post Code: _____

Attach all required Documents:

Certified Financial Statements Bank Letter of Reference/Certificate

Company Description – Business Summary, Brochure or Annual Report Individual Applications for Officers or Partners

I understand that the granting of a franchise is at the sole discretion of OldTown White Coffee.

I understand that representatives from my company will have to successfully complete OldTown White Coffee's training program before a site will be allowed to open for business.

I have read this application and everything I have stated in it is true. You are authorised to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my creditworthiness. I understand that OldTown White Coffee, in granting me a franchise, will rely upon the information provided by me.

Authorised Signature (required): _____

Print Name: _____ **Date:** _____

After Completion of this form, please mail form and required attachments to:
**PT.OldTown Indonesia, Kawasan Niaga I Puri Kencana, Blok D1, No 3K. Jalan Taman Aries, Jakarta Barat,
Postal Code: 11610, INDONESIA.**

PERSONAL FRANCHISE APPLICATION



(Complete in full and do not use abbreviations. Please print clearly or type)
The filing of this application does not oblige the applicant to become a franchisee of OldTown White Coffee.

Personal Information:

Applicant's Name: _____ Identification Number: _____

Home Address: _____ Years There: - _____

City: _____ State/Country: _____ Postal Code: _____ Phone: () _____

Fax: () _____ Email: _____ Date of Birth: _____ Marital Status: _____

Total No. Dependants: _____ Names/Ages: _____

Spouse's Name: _____ Spouse's Occupation: _____ Spouse's Annual Income: Rp. _____

Employment/Business Experience (last 10 years) **If additional space needed, attach a separate sheet.**

Position: _____ Company: _____

Address: _____ City: _____ State/Country: _____ Postcode: _____

Phone: () _____ Annual Income: Rp. _____ From _____ To _____ Can we contact? ► Yes ► No

Describe responsibilities & number of employees:

Position: _____ Company: _____

Address: _____ City: _____ State/Country: _____ Postcode: _____

Phone: () _____ Annual Income: Rp. _____ From _____ To _____ Can we contact? ► Yes ► No

Describe responsibilities & number of employees:

Position: _____ Company: _____

Address: _____ City: _____ State/Country: _____ Postcode: _____

Phone: () _____ Annual Income: Rp. _____ From _____ To _____ Can we contact? ► Yes ► No

Describe responsibilities & number of employees:

Management Goals:

Do you plan to devote full time to this venture? ► Yes ► No Do you plan to have equity partners? ► Yes ► No

If YES, Where?

If No, area of interest: _____ Do you plan to have equity partners? ► Yes ► No.

If yes, complete the following:

Name of Partner:- _____ Relationship to Applicant: _____

Address: _____ Phone: () _____

Name of Partner:- _____ Relationship to Applicant: _____

Address: _____ Phone: () _____

Name of Partner:- _____ Relationship to Applicant: _____

Address: _____ Phone: () _____

THE REST OF THIS PAGE IS INTENTIONALLY LEFT BLANK

References:

List three (3) References you have known at least 5 years (Do not include relatives).

Name:	Address (City, Country, Postal Code)	Relationship	Phone #

List Banks, Finance Companies, Savings & Loans, Money Market Funds & Other Financial Institutions.

Name:	Mailing Address	City, Country, Postal Code	Contact	Phone #

List All Businesses In Which You Have Financial Interests

Name:	Address, City, Country, Postal Code	Position	Year Started	Annual Income

SCHEDULE A- CASH ON HAND AND IN BANK (Attach Copies of Current Statements)

Name of Bank	Address	Account #	Balance

SCHEDULE B- MORTGAGES OR NOTES DUE TO ME

Maker of Mortgage or Note	Address of Property	Address	Balance

SCHEDULE C – OTHER NOTES / ACCOUNTS DUE TO ME

Maker of Note	Description of Note	Address	Balance

SCHEDULE D- STOCKS AND BONDS (Attach copies of current statements)

Maker of Note	Description of Note	Address	Balance

SCHEDULE E – CASH VALUE OF LIFE INSURANCE

Name of Insurance Company	Address	Face amount	Cash Value

SCHEDULE F – REAL ESTATE OWNED

Description of Property	Name on Title	Cost	Market Value	Balance Owed	Mortgage Holder

SCHEDULE G – NOTES PAYABLE TO BANKS AND OTHERS

Name of Note Holder	Address	Original Balance	Balance Owed	Terms

SCHEDULE H – TAXES DUE

Type of Tax	Amount Owed	Date Due	Unpaid from Prior Year

