



# LICENSEE APPLICATION

**STRICTLY CONFIDENTIAL**

**Applicant(s) Name:** \_\_\_\_\_

*Important information:*

*This document is required to assess your suitability in becoming a Vedablu Licensee. It should be completed fully in; your own handwriting. We suggest that the information be current and accurate. Information contained in this document will be kept confidential.*

*By signing the declaration on the final page, Vedablu will be granted permission to contact any or all of your referees. We will not disclose the nature of your intended proposition.*

*Vedablu is an exciting new premium ice cream producer and retailer that have been launched into the Sabah and Malaysia market. Vedablu is very proud of their brand and what it represents and is committed to recruiting the highest quality licensees.*

*Due to the high standards required we regret that not all applications will be successful.*

*This application is not a contract and is not binding on either party. This application will be treated with high confidentiality.*

**Vedablu Global Sdn Bhd**  
**Lot No. 2, 1<sup>st</sup> Floor, Lorong Pokok Resam A,**  
**Tmn BDC, Phase 3, Kolombong, Inanam,**  
**88450 Kota Kinabalu, Sabah, Malaysia.**  
**Tel: +60 88 384700 Fax: +60 88 384719**  
**E-mail: [info@vedablu.com](mailto:info@vedablu.com) Web: [www.vedablu.com](http://www.vedablu.com)**

Please fill and complete in **BLOCK LETTERS**

Date: \_\_\_\_\_

### Section 1 – Preferred Geographical Location

Major City or Town:	
Preferred Area 1)	
Preferred Area 2)	
Preferred Area 3)	

### Section 2 – Applicant Information

Applicant (1) Full Name: (Mr/Mrs/Miss/Ms)				
Honorary Titles:				
Identification Card No.:				
Permanent/Home Address:				
Mailing Address:				
Contact Details:	Home:	Business:		
	Business:	Fax:		
	Mobile:	Email:		
Marital Status: (Please Circle)	Single	Married	Separated	Divorced
Spouses Full Name:				
Spouses Age:				
Number of Children:				
Children Age/s:				
No. of years living in current address:				
Any Physical Disabilities or Health Problems? (Please Circle)	Yes	No		
	If Yes, please describe:			
List Interests & Special Skill:	1)			
	2)			
	3)			

**Section 2 – Applicant Information (continued)**

Applicant (2) Full Name: (Mr/Mrs/Miss/Ms)	
Honorary Titles:	
Identification Card No.:	
Permanent/Home Address:	
Mailing Address:	
Contact Details:	Home: Business:
	Business: Fax:
	Mobile: Email:
Marital Status: <i>(Please Circle)</i>	Single Married Separated Divorced
Spouses Full Name:	
Spouses Age:	
Number of Children:	
Children Age/s:	
No. of years living in current address:	
Any Physical Disabilities or Health Problems? <i>(Please Circle)</i>	Yes No If Yes, please describe:
List Interests & Special Skill:	1) 2) 3)

Relationship Applicant 1 to Applicant 2: (Father, Mother, Sibling, Friends, etc) How long have you known each other?	..... Years ..... Months
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**Section 3 – Education Background**

Applicant (1) Name: .....

Qualifications (1)	
Name of Institution Attended	
Qualifications (2)	
Name of Institution Attended	
Qualifications (3)	
Name of Institution Attended	

Applicant (2) Name: .....

Qualifications (1)	
Name of Institution Attended	
Qualifications (2)	
Name of Institution Attended	
Qualifications (3)	
Name of Institution Attended	

**Section 4 – Business/ Employment History**

Applicant (1) Name: .....

<b>Current Business/Employment</b>	
Company Name:	
Business Nature:	
Position in Company:	
Years here:	From year..... to year .....
Do you own the Business? (Please Circle)	Yes                      No  If Yes, ..... % Shareholding  Company date of incorporation: .....
Contact Details:	Phone:                      Fax:
Brief description of	

responsibilities/experience:	
Key Achievements:	
<b>Previous Business/Employment</b>	
Company Name:	
Business Nature:	
Position in Company:	
Years there:	From year..... to year .....
Do you own the Business? (Please Circle)	<p style="text-align: center;">Yes                      No</p> <p>If Yes, ..... % Shareholding</p> <p>Company date of incorporation: .....</p>
Contact Details:	Phone:                      Fax:
Brief description of responsibilities/experience:	
Key Achievements:	

Applicant (2) Name: .....

<b>Current Business/Employment</b>	
Company Name:	
Business Nature:	
Position in Company:	
Years here:	From year..... to year .....
Do you own the Business? (Please Circle)	<p style="text-align: center;">Yes                      No</p> <p>If Yes, ..... % Shareholding</p> <p>Company date of incorporation: .....</p>
Contact Details:	Phone:                      Fax:
Brief description of	

responsibilities/experience:	
Key Achievements:	
<b>Previous Business/Employment</b>	
Company Name:	
Business Nature:	
Position in Company:	
Years there:	From year..... to year .....
Do you own the Business? (Please Circle)	<p style="text-align: center;">Yes                      No</p> <p>If Yes, ..... % Shareholding</p> <p>Company date of incorporation: .....</p>
Contact Details:	Phone:                      Fax:
Brief description of responsibilities/experience:	
Key Achievements:	

**Section 5 – Retail/Business Experience**

Please detail any relevant retail, business or franchise experience (if applicable)

Applicant (1):

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**Section 5 – Retail/Business Experience (continued)**

Applicant (2):

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Please summarize the reasons why you would like to become a Vedablu Licensee.

Applicant (1):

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Applicant (2):

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## Section 6 - Business Management and Ownership

1. Do you intend to operate the store personally or do you intend to appoint a supervisor or manager? *Please tick your answer*

Personally  Under Management

2. If successful in your application, what type of ownership will your outlet operate under? *Please tick your answer*

Sdn. Bhd.  Partnership  Proprietorship

### 2.1 Operating under Sdn Bhd *(please fill if applicable)*

If you plan to operate under a Sdn. Bhd. Company, please provide the following details. If the Company is not formed, please advise details as soon as possible. The Offer Letter and Licensee Agreement cannot be prepared until this information is provided.

Company Name:	
Company Registration No.	
Date of Incorporation:	
Registered Business Address:	
Full Name & Addresses of Directors:	
1) Name	
Address	
2) Name	
Address	
3) Name	
Address	

### 2.2 Accountants Details

Accountants Name:	
Company Name:	
Address:	
Phone No.:	
Fax No.:	

*Please provide a copy of the company's latest audited financial statements.*

### 2.3 Bank's Details

Company's Main Bank:	
Branch:	
Account No.:	

### Section 7 - References

*All contact with your references will only be made with your prior consent.*

Applicant (1):

#### Business Reference

Name:	
Company:	
Telephone No.	
Fax No.	

Name:	
Company:	
Telephone No.	
Fax No.	

#### Character Reference

Name:	
Company:	
Telephone No.	
Fax No.	

Name:	
Company:	
Telephone No.	
Fax No.	

Applicant (2):

#### Business Reference

Name:	
Company:	
Telephone No.	
Fax No.	

Name:	
Company:	
Telephone No.	
Fax No.	

**Character Reference**

Name:	
Company:	
Telephone No.	
Fax No.	

Name:	
Company:	
Telephone No.	
Fax No.	

**Section 8 - Personal Financial Statement**

Have you ever been declared bankrupt or are an undeclared bankrupt? <i>(please circle)</i>	<b>Yes</b>	<b>No</b>
Is there any legal action current or pending against you or any company you are associated with either as a director, officer or shareholder? <i>(please circle)</i>	<b>Yes</b>	<b>No</b>
Any other relevant information: <i>(if any, please state)</i>		

**Section 9 - Identification & Declaration****Applicant (1):****Applicant (2):**

Name:	Name:
Photo Identification <i>(passport size)</i>	Photo Identification <i>(passport size)</i>
- Glue here -	- Glue here -

**Section 10 - Questionnaire**

1. If you could have any job or position that you wanted, what would you do?

\_\_\_\_\_  
\_\_\_\_\_

2. What qualities do you have that you believe are valuable if you became part of the Vedablu License/Franchise?

\_\_\_\_\_  
\_\_\_\_\_

3. How much time out of every 24 hours do you spend doing the following:

Your occupation	Hours .....
Sleeping	Hours .....
Fun and Relaxation	Hours .....
Self Improvement	Hours .....
Family and Friends	Hours .....
Doing Nothing	Hours .....
Others	Hours .....

4. What do you think is likely to make a difference between success and failure in your business?

\_\_\_\_\_  
\_\_\_\_\_

5. What is your greatest accomplishment in your life?

\_\_\_\_\_  
\_\_\_\_\_

6. What has been your greatest disappointment in your life?

\_\_\_\_\_  
\_\_\_\_\_

7. How do you visualize your future with Vedablu Franchise?

\_\_\_\_\_  
\_\_\_\_\_

8. What are your expected profits with this business?

1st Year: RM \_\_\_\_\_ 3<sup>rd</sup> Year: RM \_\_\_\_\_  
2<sup>nd</sup> Year: RM \_\_\_\_\_

9. How do your spouse and family members feel about your interest in this business?

\_\_\_\_\_  
\_\_\_\_\_

10. What is your greatest strength?

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11. In our first meeting, which points about Vedablu Licensing/Franchising was most important to you? What are the points that disappointed you?

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12. What do people most often criticize you for?

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13. What do you most often criticize others for?

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14. Who among your acquaintances:

Encourages you the most? \_\_\_\_\_

Caution you the most? \_\_\_\_\_

Discourages you the most? \_\_\_\_\_

15. Why are you considering going into this type of business?

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16. Have you looked around for other similar business to join?

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17. What do you see the benefits of joining a franchised/licensed business in comparison in starting your own business?

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18. If mutual acceptance is reached, what date would you foresee to sign the agreement and commence operations of business?

Licensee Agreement: \_\_\_\_\_

Commencing Business: \_\_\_\_\_

19. What attracted you to the Vedablu Licensee/ Franchise business?

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**Declaration**

I/ We hereby confirm that the information I/ We have provided in this application is true to the best of my/our knowledge.

I/ We understand that this application is not contractually binding on either party.

I/ We give permission to Vedablu Global Sdn Bhd and/or its authorized officers to check any or all of the information contained herein and to contact any or all of the referees listed in this application.

Should any information change during Vedablu's assessment I/ We will immediately inform Vedablu in writing of the changes.

**Signed:**  
(Applicant 1)

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**Name:**  
**Date:**

**Signed:**  
(Applicant 2)

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**Name:**  
**Date:**