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| **Candidate Information Form**  |
| The purpose of this document is to provide your general information and certain specific qualifications to help the mutual evaluation process in regards to awarding Area License or Master Franchise rights in your country for Round Table Pizza®. Should you qualify and a mutual interest evolves, we will request additional information.***If your information does not fit this form, please add additional sheets as needed.*** The final page may be signed manually and scanned, or you may enter a digital signature or initials.Please return the completed form by email attachment to mmcclurg@edwardsglobal.com.  |

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| Please describe the entity that would own the Master Franchise or Area License.*Please click to select:* [ ]  An individual investor [ ]  A partnership of investors [ ]  A company/organization |
| Primary Contact Person: |
| Full Name |  | Title |  |
| Company Name |  |
| Address |  |
| Country |  |
| Telephone Contacts: | Other Contact Information: |
| Work |  | Work Email |  |
| Mobile |  | Other Email |  |
| Other  |  | FAX |  |
| Best time to call: |  | SKYPE |  |
| Alternate Contact Person (Example: Partner or Assistant) |
| Name |  | Title |  |
| Phone |  | Email |  |
| Business Planning: |  |  |
|  | Territory Locations | Desired Opening Date(Month and Year) |
| Please confirm Country or Region of interest for the Territory. |  | *Please indicate below estimated dates for opening key markets.* |
| Please list the 3 most important cities or markets in the Territory.When would you want to open each market? |  |  |
| Do you have an estimated number of units you would expect to open annually during the first 5 years? | [x]  Our estimated number of units to open annually is as follows: Year: 1 2 3 4 5 5-Year TotalUnits: | [ ]  We do not have an estimated opening plan at this time. We will provide this after more research. |

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| Management of the Business: |
| Will you or your company have other business activities outside of this Master or Area License? | [ ]  This will be our only business activity.[ ]  We have other business activities. |
| Please explain in comment box. |
| Do you have an experienced management team in-place to run this Master or Area License? | [ ]  We currently have the management resources.[ ]  We plan to hire an experienced management team. |
| Please explain in comment box. |
| Will you have other Equity Partners for this project? If “yes”, please list partners below. | [ ]  Yes[ ]  No |
| Equity Partner | City, Country | Telephone | Role of partner  |
|  |  |  | [ ]  Manager [ ]  Investor only |
|  |  |  | [ ]  Manager [ ]  Investor only |
|  |  |  | [ ]  Manager [ ]  Investor only |
|  |  |  | [ ]  Manager [ ]  Investor only |
| Primary Financial Disclosure – Available Capital for the Project |
| Funding Sources:Owners / Partners (List below) | Amount USD $ | If you have questions or comments on the funding, please note them below: |
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| Loans – Lender/ Institutions (List below) |  |
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| Total Available Capital: |  |

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| Professional Background or Company Overview |
| [ ]  Companies / Organizations: Please attach a corporate summary and company literature as appropriate. |
| [ ]  Individual investors / Partners: Please attach a copy of the Curriculum Vitae/Résumé of each partner. |
| Individuals investors only – Please complete section below *only if no Curriculum Vitae/Résumé is available*. Attach additional sheets if needed. |
| Present (or most recent) position |
| Company |  | Type of Business |  |
| Position |  | Dates |  |
| Responsibilities:  |
| Previous position |
| Company |  | Type of Business |  |
| Position |  | Dates |  |
| Responsibilities:  |
| Previous position |
| Company |  | Type of Business |  |
| Position |  | Dates |  |
| Responsibilities:  |

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| As a Corporate Entity or Individual, do you own a business, or have you owned a business in the past? *(Please include minority shareholding or partnerships.)*[ ]  Currently own a business. [ ]  Previously owned a business. [ ]  Never owned a business |
| Name of Company: | Current business or previous? Please briefly describe the business. |
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| Please list other Business Affiliations (Associations, Partner, Board Member, Officer, Director, etc.)  |
| Name of Company / Organization: | Current business or previous? Please briefly describe the business. |
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| Why do you believe you can successfully operate the Master Franchise business and why would you want to acquire the exclusive rights to develop the business? *(Attach additional sheets if needed.)* |
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| How does the Round Table Pizza® Master Franchise business fit into your current business or personal goals? |
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| Please share your vision for development of the Round Table Pizza® business in your country. |
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| Name: |  | Date: |  | Digital Signature or Initials: |  |

Instructions: Digital signature or initials are acceptable. For manual signature, please sign hard copy and scan.