FRANCHISE APPLICATION



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	on Name: _		
Country o	of Incorporat	ion :	Key Contact Person:
Address:			City/State/Country/ Postal Code:
			_
Phone: ()	Fax: () _	Email:
Compar	ny Officer	5	
1.	Name:		Title:
2.	Name:		Title:
3.	Name:		Title:
4.			
Credit I	informatio	on	
Primary B	Bank:	Contact:	Phone: ()
Address:		City/State/Po	st Code:
Credit Ref	ference:	Contact:	Phone: ()
Address:		City/State/Po	st Code:
Credit Ref	ference:	Contact:	Phone: ()
Address:		City/State/Po	st Code:
Attach a	all require	d Documents:	
√Certifie	d Financial	Statements √Bank Letter of Reference/	Certificate
√Compar	ny Descripti	on – Business Summary, Brochure or Ann	ual Report $\sqrt{ ext{Individual Applications for Officers or Partners}}$
I understar	nd that the gr	anting of a franchise is at the sole discretion o	f OldTown White Coffee.
	nd that repres		ssfully complete OldTown White Coffee's training program before a site will be
accuracy o	of the stateme		You are authorised to make all inquiries you deem necessary to verify the orthiness. I understand that OldTown White Coffee, in granting me a franchis
Authoris	ed Signatu	re (required):	
Print Na	me:		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:		ouse's Annual Income:		
Employment/Business	Experience (last 10 years) If additional s	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 & nu	mber of employees:				
Position:	Company:				
Address:	City:	State/Country:	Postcode:		
Phone: ()	Annual Income: Rp	From To	Can we contact? ► Yes ► No		
Describe responsibilities & nu	. ,				
Position:	Company:				
Address:	City:	State/Country:	Postcode:		
Phone: ()	Annual Income: Rp	From To	Can we contact? ► Yes ► No		
Describe responsibilities & nu	mber of employees:				
Management Goals:					

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

Address of Property	Address	Balance
	Address of Property	Address of Property Address

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

Personal Financial Statement as of / /

Assets

Cash on Hand and in Bank (Itemize in Schedule A)	\$	Real Estate Mortgage (s) Payable (itemize in Schedule F)	\$
Mortgages or Notes due to Me (Itemize in Schedule B)	\$	Notes Payable to Bank(s) and Others (Itemize in Schedule G)	\$
Other Notes/Accounts Due to Me (Itemize in Schedule C)	\$	Loans Against Cash Value of Life Insurance	\$
Stocks and Bonds (itemize in Schedule D)	\$	Taxes Due (Itemize in Schedule H)	\$
Cash Value of Life Insurance (Itemize in Schedule E)	\$	Other (Itemize below)	\$
Real Estate Owned (Itemize in Schedule F)	\$		\$
Other personal property, Automobiles, etc. (Itemize Below)	\$		\$
	_ \$		\$
	\$	Total Liabilities (Add all of the above)	\$
Total Assets (Add all of the above)	\$	Net Worth (Total Assets minus Total Liabilities)	\$
I understand that the granting of a f	ranchise is at the sole discretion of (OldTown White Coffee.	
I understand that I and/or represent for business.	rative will have to successfully compl	ete OldTown White Coffee's training program be	efore a location will be allowed to open
I have read this application and ever information provided by me.	ything I have stated in it is true. I ι	understand that Oldtown White Coffee, in grantin	ng me a franchise, will rely upon the
Authorised Signature (required)			
Print Name:		Date:	
I hereby authorize OldTown Wh employers, law enforcement and information they may have abou I release OldTown White Coffee	d government agencies, city states that me to the company with which and/or it s agents and any pers	dit agencies, educational institutions, corp te, county, and federal courts, military serv h this has been filed, or their agent. on or entity which provided information pu nation obtained from any and all referenced	rices, and persons to release any
Applicar	nt's Signature	Da	ate
Pri	nt Name	_	

LIABILITIES

►After Completion of this form, please mail form and required attachments to: