



Simitçi Cafe Franchising Application Form

Page 1

Personal Information

Name-Surname

Gender

Birthday

Marital status

Phone Number

E-Mail

Timeframes to contact you (day/hour)

Financial information

Total Investment Budget (EURO)

Monthly revenue target

Monthly profit expectation

Your work experience

How long have you been working?

Current employment status

Company name:

Your position:

Start/end date:

Your education

Courses you have taken

Person(s) to manage the work

Simitçi Cafe's franchise partner(s)



Simitçi Cafe Franchising Application Form

Page 2

The place where you want to open a Simitçi Cafe

Country

State

City

Location information (if available)

Is there a shop available?

Yes

No

Location of the shop:

Inside of a shopping centre:

Main Street:

Alleyway:

Highway:

Other:

Shop address

I confirm that the information I have given above is correct. (Name, signature, date in applicant's handwriting)

I am requesting
an appointment

This Formulary is a preliminary information and is completely independent of the main contract

Name and Surname

Date

Signature
