

Taco Delhi Confidential Franchise Application

| PERSONAL INFORMATION | | |
|--|---------------|---|
| First name | Last name | Middle Initials |
| Street address | | Apt/Unit |
| City | Province | Postal Code |
| Home Phone | Work Phone | Cell Phone |
| Fax | Email Address | Date |
| Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Are you a landed immigrant? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you bondable? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Have you ever been employed by Wok Box? Yes <input type="checkbox"/> No <input type="checkbox"/> | | If so, where, when and who was your supervisor? |
| | | |
| Marital Status | Spouse's Name | Spouse's Occupation |

| EMPLOYMENT HISTORY | | |
|--|---------------------------|--|
| Company | Phone | |
| Address | Supervisor | |
| Job Title | # of Employees Supervised | Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | |
| Company | Phone | |
| Address | Supervisor | |
| Job Title | # of Employees Supervised | Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| EDUCATION | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | City | | Province | |
| From | To | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| College | | City | | Province | |
| From | To | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Degree |
| University | | City | | Province | |
| From | To | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|--------------|
| PLEASE LIST THREE PROFESSIONAL REFERENCES | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |

BUSINESS EXPERIENCE AND PLANNING

How did you learn about Taco Delhi?

Why are you interested in Taco Delhi?

Describe any training in management, sales or business.

| | | | |
|---|------------------------------|-----------------------------|---------------------|
| Will you devote 8 weeks for training? If no, how much? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | When can you start? |
|---|------------------------------|-----------------------------|---------------------|

| | | | |
|--|------------------------------|-----------------------------|--|
| Do you intend to devote yourself full-time to the day-to-day operations of the business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, please provide explanation and details how you will oversee the business: PLEASE PROVIDE AS SEPARATE SHEET |
|--|------------------------------|-----------------------------|--|

| | | | |
|--|--|--|--|
| Do you plan to have a business partner(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list name(s) below: |
| First Name _____ Last Name _____ | First Name _____ Last Name _____ | First Name _____ Last Name _____ | First Name _____ Last Name _____ |
| Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> | Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> | Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> | Will he/she be active? Y <input type="checkbox"/> N <input type="checkbox"/> |

Please fully explain how the business partnership will be structured.

| | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Have you seen an existing Taco Delhi? If yes, where? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Will your franchise investment come from your own capital? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|

| | | | |
|--|------------------------------|-----------------------------|--|
| Have you (and if applicable, partners, officers, directors or shareholders) ever declared bankruptcy or reorganized due to insolvency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, explain: PLEASE PROVIDE AS SEPARATE SHEET |
|--|------------------------------|-----------------------------|--|

Geographical location preferences:

1) _____ 2) _____ 3) _____

| | |
|--|---|
| What is the timeframe to open your Wok Box? 0 - 6 Months <input type="checkbox"/> 6 - 12 Months <input type="checkbox"/> 1 - 2 Years <input type="checkbox"/> 2+ Years <input type="checkbox"/> | Would you be willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Desired income first year? \$ _____ |
| | Annual income in 5 years? \$ _____ |
| | What is your targeted start date? |

| PERSONAL FINANCIAL INFORMATION | | | |
|---|----|---|----|
| ASSETS | | LIABILITIES | |
| Cash on Hand and in Banks | \$ | Bank Notes - Secured and Unsecured | \$ |
| Canada Government Securities | \$ | Notes, Loans, Advances, Accounts Payable | \$ |
| Trade Accounts and Loans Receivable | \$ | Credit Card Debt | \$ |
| Notes Receivable - Secured and Unsecured | \$ | Loan Against Life Insurance | \$ |
| Life Insurance - Cash Surrendered Value | \$ | Property Tax and Assessments Payable | \$ |
| Stocks and Bonds - Marketable and not Real Estate | \$ | Mortgage Payable on Real Estate | \$ |
| Automobiles - Market Value | \$ | Federal and State Taxes on Current Income | \$ |
| OTHER ASSETS, PROPERTY OR INVESTMENTS (ITEMIZE BELOW) | | OTHER DEBTS (ITEMIZE BELOW) | |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |
| ANNUAL SOURCE OF INCOME | | NET WORTH | |
| Salary | \$ | Total Assets | \$ |
| Bonus and Commissions | \$ | Less Total Liabilities | \$ |
| Dividends and Interest | \$ | NET WORTH | \$ |
| Real Estate Income | \$ | | |
| Business Profession Income | \$ | | |
| Other Income (Itemize Below) | \$ | | |
| | \$ | | |
| | \$ | | |
| TOTAL INCOME | \$ | | |

Thank you for your interest in Taco Delhi

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By signing this application, I attest to the accuracy of the information contained in this confidential application. I authorize Taco Delhi or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background, criminal or character checks, that it deems necessary or advisable.

I, further authorize Taco Delhi or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and any other person, firm, corporation or source. I authorize any such source to provide Taco Delhi or its agents all information concerning me, and I hereby agree to release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history.

Taco Delhi agrees to maintain all information collected in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a Taco Delhi franchise. I authorize Taco Delhi to release to prospective financing sources any information concerning me that may be requested by them.

By signing this application, I certify that the above statements are true and accurate.

Signature

Print Name

Date

Please return completed form to:

1211820 BC LTD
106-19353 22ND AVE
SURREY, BC V3Z 3S6 CANADA

T: 778.545.0233
F: 778.545.0288
E: FRANCHISING@TACODELHI.CA