



## INITIAL FRANCHISE/LICENSE APPLICATION

Thank you for your interest in KIDSCODE® Franchise/License opportunities. The completion and submission of this form places no continuing obligation on either the company or the applicant. It will provide information we need to discuss further about becoming a KIDSCODE® Franchisee/Licensee (\* marked items are mandatory). If you have any question regarding this form, please contact [learn@kidscode.sg](mailto:learn@kidscode.sg).

Are you applying for **Franchise or License** opportunity? \_\_\_\_\_

How did you learn about KIDSCODE?

- Newspaper     
  Referral     
  Online Ad     
  Search Engine     
  Others

### Personal Information (For all persons involved in ownership of business)

Name*	Date of Birth	Citizenship
Address	City/State	Zip/Postal Code
Phone*	Fax	Email*

### Business and Employment History (Feel free to add lines, if necessary)

(Year) From	(Year) To	Organization	Position Held	Salary

Current Employment Status: Full Time:  Part Time:  Casual:  Self-employed:  Unemployed:

Have you ever owned a franchise or your own business? No:  Yes:

(Type of Business: \_\_\_\_\_)

Have you ever failed in business, filed bankruptcy or compromised with creditors? No:  Yes:

Are you currently or have you ever been involved in any lawsuits? No:  Yes:

(Particulars: \_\_\_\_\_)

Have you ever been convicted of a crime (except traffic misdemeanors)? No:  Yes:

(Particulars: \_\_\_\_\_)

### Education and Experience (For all parties involved in ownership of business)

Education	Name of School	Major	Graduated	(Last) Year
High School			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
College / University			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Graduate (Master's)			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Others				

Are you involved with promoting, delivering or are a part of any other organization providing educational enrichment? Yes  No  If yes, please provide details of your involvement: \_\_\_\_\_

### Business Plan

Rank the following as most important (1) to least important (10). Use numbers 1-10 only once.

Be my own boss	Work Life Balance	Community Involvement
Flexible Time	Build My Own Business	Personal Growth
Build to Sell	Family Involvement	Invest for My Future

Rate your skills:

Connection with Schools	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Marketing	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>



Sales	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Management	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Finance	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Customer Service	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Working with Children	Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>

Will you have partner (s)? Yes  No  . If yes, who and what role will they assume:

Who will run day-to-day operations? Me  Other . If Other, explain who

What is motivating you to owning your own business and/or making a change at this point in your life?

What is attracting you to the KIDSCODE® franchise/license opportunity?

What amount of time are you willing to commit to this business?

- Weekdays (typically 8 AM – 5 PM)
- Weekdays and Evenings
- Some Evenings and Weekends Only
- Anytime

Roles in which you feel most proficient and would assume responsibility?

- Outside Sales and Prospecting
- Marketing
- Coaching / Instructing
- Administration
- Hiring and Managing Staff
- Customer Service

What is the one thing that you have accomplished in your life that gives you the most satisfaction?

What is the one thing that you have not accomplished in your life that gives you the most frustration?

What would owning your own business allow you to do that cannot be done now?

Please indicate total amount and source of fund allocated to invest in this business\*: \_\_\_\_\_

Please list your preference for locations if granted a KIDSCODE® Franchise/License\*:

a)	b)	c)
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If granted a KIDSCODE Franchise/License, when would you be available to open a location?

Immediately: <input type="checkbox"/>	Within 3 months: <input type="checkbox"/>	Within 6 months: <input type="checkbox"/>	Within 1 year: <input type="checkbox"/>
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*I am submitting this application to obtain further information about the KIDSCODE Franchise/License System. I understand that neither KIDSCODE nor I are under any obligation whatsoever. The undersigned warrants that this information is true and correct.*

Signature*:	Date* :
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