



# CONFIDENTIAL FRANCHISE ACCREDITATION FORM

## DISCLAIMER

The purpose of this form is to provide general information to help evaluate your qualifications for the application as a UPS Hub. If you qualify and a mutual interest develops, the UPS will request for additional information/ requirements for further evaluation. This form should be completed by EACH applicant. This document is not a contract/ agreement and supplying or completing this form incurs no obligation on either party. All information to be provided herein will be kept STRICTLY CONFIDENTIAL. Please print or type your answers. You may attach additional pages if necessary. Please answer all questions truthfully.

Date of Application: \_\_\_\_\_

Reference No.: \_\_\_\_\_

### PERSONAL DATA INFORMATION

Last Name	First Name	Middle Name	Tax ID No.	SSS Number	
Birth Date	Age	Email Address	Mobile No.	Tel. No.	Fax No.
Current Address		ZIP Code	Years of Residence		
Provincial / Previous Address			Years of Residence		
Height	Weight	Gender	Civil Status	Citizenship	Place of Birth
Full Name of Spouse		Birthdate	Age	Occupation	
Names and Age of Dependent/Independent Children or Other Dependents					
1. _____					
2. _____					
3. _____					

### GENERAL INFORMATION

How did you learn about UPS? <input type="checkbox"/> Web <input type="checkbox"/> Ads <input type="checkbox"/> Friend/ Relative <input type="checkbox"/> Referral <input type="checkbox"/> Others: _____
If referred by a UPS Member, please provide the following: UPS Member (Sponsor)Name: <u>Marie Lynnete B. Pagatpatan - MD</u> Reg Code: _____ Address: _____ Contact No: _____
Do you have any experience in Multi-level Marketing? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\* THIS IS NOT A CONTRACT AND SUPPLYING INFORMATION OR COMPLETING THIS FORMS INCURS NO OBLIGATION ON EITHER PARTY \*\*\*



If Yes, please explain your experience: _____ _____
How long have you been looking to start your own business? _____
What other businesses are you looking to invest in? _____

**APPLICANT'S FRANCHISE PLAN**

I am interested to franchise as a UPS Hub because:  
Amount of Capital available for this business: _____ Source of Capital: <input type="checkbox"/> Salary <input type="checkbox"/> Savings <input type="checkbox"/> Partner <input type="checkbox"/> Loan <input type="checkbox"/> Others _____ <i>Note: Please provide copy of bank certificates, certificate of employment and any all documents as proof for the source of your capital.</i>
The location of the Hub that I plan to operate is in: Complete Address: _____ Would you consider other area? <input type="checkbox"/> NO <input type="checkbox"/> YES – What Area/s? _____
Will the Hub be owned and operated by yourself or group? I plan to operate the franchise business as (check one for each column): <input type="checkbox"/> an individual <input type="checkbox"/> active: will be directly involved in management/operation <input type="checkbox"/> with partners <input type="checkbox"/> passive: will be behind the scenes
If with partners, state the name of all your partners, or incorporators (if under a corporation):  

**BUSINESS EXPERIENCE (IF APPLICABLE)**

I currently own a business? <input type="checkbox"/> I was involved in a business for ___ (mos/yrs)? <input type="checkbox"/> No business experience <input type="checkbox"/>
If you are or have been a business owner, please provide the following details: Type of business: Trade Name or Company Name: Address: Position/Title/Duties Held:

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Percentage of Ownership and Capitalization:		
Date of Business Establishment (indicate from to period)		
Status of Business:	Operational/Active [ ]	Closed/Inactive [ ]
If closed or inactive, state reason why:		
YOU MAY ATTACH ADDITIONAL INFORMATION* ATTACHED [ ]		

**EMPLOYMENT EXPERIENCE (IF APPLICABLE)**

Currently Employed [ ]	Previously Employed [ ]
Name of Employer:	
Address:	
Position/Title/Duties	
Dates of Employment (indicate from to period):	
Person and Position Reporting Directly To:	
If previously employed, state reason for separation:	
Starting Salary:	Ending Salary:
If currently employed, will you retain employment if approved as a UPS Hub? [ ] Yes [ ] No	
If Yes, where and for how long? _____	
*YOU MAY ATTACH RESUME FOR ADDITIONAL INFORMATION*RESUME ATTACHED [ ]	

**EDUCATIONAL BACKGROUND**

Name of School/ Institution	Date Attended	Degree	Date Graduated
1			
2			
3			
4			
5			

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**PHYSICAL CONDITION**

General Physical Condition:	Date of Last Physical Exam:
Venue of Last Physical Examination: _____	
List any physical impairments or chronic illnesses which may preclude certain types of activities: _____	
Please explain : _____	

**STRICTLY CONFIDENTIAL FINANCIAL STATEMENTS**

<b>ASSETS</b>	
<b>Cash on Hand:</b> _____	<b>Savings in Bank:</b> _____
<b>Bank Account/s:</b> _____	
<b>Life Insurance:</b> _____	
<b>Stocks and Bonds:</b> _____	
<b>Real State:</b> _____	
<b>Automobile/Vehicles:</b> _____	
<b>Other Assets. Enumerable:</b> _____	



**INCOME**

Year \_\_\_\_\_

(State None or N/A if not Applicable)

Earned (salary, commissions, fees etc.): PhP \_\_\_\_\_

Interests & Dividends Received: PhP \_\_\_\_\_

Rents Received: PhP \_\_\_\_\_

Other Income:

\_\_\_\_\_ : PhP \_\_\_\_\_

\_\_\_\_\_ : PhP \_\_\_\_\_

\_\_\_\_\_ : PhP \_\_\_\_\_

**Gross Income: PhP** \_\_\_\_\_

**REFERENCES**

Please list professional and character reference	Phone No. / Fax No. / Cellular Phone No. / E-Mail Address
1.	
2.	
3.	
List of credit references (name and address)	Phone No. / Fax No. / Cellular Phone No. / E-Mail Address
1.	
2.	
3.	
List of bank references (Bank name and address)	Contact Details
1.	
2.	
3.	

(By providing this information, the applicant hereby gives permission to UPS to contact these individuals for the purpose of obtaining and verifying a character reference.)

**CONTINGENCIES**

Do you have any contingent liabilities?

\_\_\_\_\_

If so, please enumerate:

\_\_\_\_\_

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Are any of your assets pledged?

\_\_\_\_\_

If so, please enumerate:

\_\_\_\_\_

Have you ever taken bankruptcy?

\_\_\_\_\_

Have you ever been convicted or found guilty of a crime?

\_\_\_\_\_

Are you defendant in any law suits or legal action?

\_\_\_\_\_

In submitting the foregoing statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her application and accreditation. The undersigned also expressly agrees to notify UPS immediately in writing of any material change in his/her personal and financial capacity and condition that may affect his/her accreditation.

Further, the undersigned authorizes UPS to conduct verification activities with the relevant individuals, authorities, institutions and other offices relative to all the information given herein.

The undersigned certifies that each part of the application and financial statement hereof and the information inserted herein has been carefully read and is true and correct.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature over Printed name



## SPECIMEN SIGNATURES

1.
2.
3.