

STRICTLY PRIVATE & CONFIDENTIAL
NO REFERENCES WILL BE TAKEN UP AT THIS STAGE AND NOT WITHOUT YOUR EXPRESS PERMISSION

The completion of this application form does not obligate you or Camile in any way or manner.
This is not a contract. Incomplete applications delay processing.

FRANCHISE APPLICATION FORM

DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY CAMILE PERSONNEL ONLY.

1. Note:

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PRIVATE & CONFIDENTIAL - BRODY SWEENEY
CAMILE THAI KITCHEN.
IRISH HUB, 9 NORTHERN CROSS BUSINESS PARK, DUBLIN D11 P661. IRELAND
TELEPHONE IRELAND 0818 333 029 - From U.K. 0844 544 7605
E-MAIL brody@camile.ie

Franchise Application Form

Please return marked private & confidential to:
 Brody Sweeney,
 Camile Thai Kitchen,
 Irish Hub, 9 Northern Cross Business Park, Dublin D11 P661. Ireland.
 Or email brody@camile.ie



Please place passport type photo here

PERSONAL PROFILE	
Surname	Forenames
Date of Birth	Sex
Marital Status	Social Security number
Number of Children	Name of Spouse / Partner
Ages	Children's names
Home Address	Telephone (home)
	Telephone (work)
	Mobile
How long at this address?	Fax
Owned or Rented?	Email
Have you ever been self-employed?	If yes explain
Have you had or are you suffering from any serious illness?	If yes explain
Have you ever been declined life accident or health insurance?	If yes explain
Have you ever been convicted of any charge other than a minor traffic offence?	If yes explain
Are there any judgements outstanding against you?	If yes explain
EDUCATIONAL PROFILE	
What age did you leave school?	Your last school
Did you attend College / Higher education?	Name of Institution
From	To
Qualification achieved	
BACKGROUND INFORMATION	
How did you hear about the Camile franchise?	Have you ever visited a Camile restaurant?
	Where?
Do you know personally anyone involved in the company?	Do you know any of our franchise partners?
Are you willing to devote your full time and attention to the proposed operation?	If no explain
Where would you like to locate your Camile business	What size business would you aspire to? Please tick one below:
First Choice	Single restaurant
Second Choice	Two restaurants
Third Choice	Multiple restaurants
Please describe briefly what is motivating you to consider the Camile franchise opportunity	

FINANCIAL INFORMATION	
Please note processing of this application will not begin until all relevant information is submitted. No references given will be taken up without your express permission, all information provided is strictly private & confidential.	
PERSONAL ASSETS	PERSONAL LIABILITIES
Cash on hand / in bank	Personal loans
Publicly quoted investments	Current Mortgage balance on house
Private investments	Current Mortgage balance on other property
Cash value of life insurance	Bank overdraft
Receivables	Leasing
Market Value of House	Other Liabilities
Other Property	Personal guarantees
Car (s)	TOTAL LIABILITIES
Other assets	NOTES:
TOTAL ASSETS	
NOTES:	
Bankers Name	Solicitors Name
Bankers Address	Firm
Person to contact at bank	Address
Are your bankers aware of your intentions with regard to Camile ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you able to commit a minimum of €125,000 to the venture from your own resources	
How is this Capital being funded?	
Is there any reason why you would not be able to finance the balance required?	
MONTHLY INCOME	MONTHLY EXPENSES
Salary or wages	Rent or mortgage
Bonuses or commission	Food & Household
Dividends and Bank interest	Incidentals
Rental income	Car Loans
Other income	Other Loans
	Pension / Medical
	Credit cards
	Other expenditure
TOTAL INCOME	TOTAL EXPENSES
Amount of cash available for investment in the new business €	
Source of funds: SAVINGS OTHER BANK LOAN	
What minimum monthly income do you need?	
Does your spouse / partner contribute to household expenses?	

PERSONAL REFERENCES (relations are not acceptable as personal referees) please provide two	
Name	Name
Address	Address
Telephone	Telephone
BUSINESS / TRADE REFERENCES please provide two	
Name	Name
Address	Address
Telephone	Telephone
Length of business association	Length of business association
YOUR ACCOUNTANT'S DETAILS	
Name	
Firm	
Address	
BUSINESS EXPERIENCE (beginning with the most recent)	
From	To
Company Name	
Your Position	
Brief description of firm's activities	
From	To
Company Name	
Your position	
Brief description of firm's activities	
From	To
Company Name	
Your position	
Brief description of the firm's activities	
Signature	Date
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