

Franchise Form

Filling in this form does not commit you. All information is treated confidentially.

Please send the completed franchise form to office@chiquita-fruitbar.com

PERSONAL DETAILS

Mrs. Ms. Mr.

Family name: _____
 Address: _____
 City: _____
 ZIP: _____
 State: _____
 Date of birth: _____
 Nationality: _____

First name: _____
 Telephone: _____
 Mobile: _____
 Fax: _____
 Email: _____
 Place of birth: _____

PROFESSIONAL DETAILS

Current profession: _____
 Current company: _____
 Previous profession: _____
 Total work experience: _____ years

Education degree:
 Primary Secondary Bachelor Master Other: _____

Field(s) of study: _____
 Institution name (highest education): _____
 Languages: _____

Have you already been self-employed ? Yes No

If yes, when and which activity? _____

Have you already gained experience in the food & beverage sector? Yes No

If yes, when, where and for how long? _____

Have you / your partner ever worked in a Chiquita fruit bar ? Yes No

If yes, when and where : _____

Would you be able to attribute all your time to Chiquita fruit bar ? Yes No

How many hours a week could you devote to the Chiquita fruit bar ? _____ hours

DETAILS ON LOCATION

Is there a particular location for the Chiquita fruit bar that you are interested in ? Yes No

If yes, which one ? _____

Do you know of an available shop in this location ? Yes No

Are you in the position to raise the needed capital (store fit out costs, start up costs) ? Yes No

How high do you estimate the needed capital ? Euro _____

OTHERS

How did you hear about Chiquita fruit bar ? _____

Why do you want to become a partner of Chiquita fruit bar ? _____

What do you expect from Chiquita as your franchise partner ? _____

Do you have any comments or specific questions? _____