



FRANCHISE ENQUIRY FORM

Please complete and return this form to franchise@qqrice.sg or fax to **+65 3112 1288**. All information will be kept strictly confidential.

1. Personal Particulars

Name _____

Date of Birth _____ Age : _____ Gender: _____

Nationality _____ Contact No : (HP) _____ (Office) _____

Marital Status : _____ Email Address : _____

Residential Address : _____

2. Your current Employer, Position and Responsibilities:

3. Will your family members be involved in the business or a business partner?

4. What is your preferred location for your franchise outlet? **{ ONLY SINGLE UNIT AVAILABLE }**

5. Please state your funds available for the business: S\$ _____

6. What is your ideal ROI timeline?

7. Do you have relevant franchise experience in F&B / Retail?

8. How did you come to know about the QQ Rice franchise? _____

**I confirm my genuine interest in the QQ Rice Franchise Opportunity and that the facts furnished above are true.*

Signature & Name

Date