Centre for International Education

FRANCHISE APPLICATION FORM

THIS FORM MUST BE INDIVIDUALLY ACCOMPLISHED
BY ALL MEMBERS OF THE BOARD OF DIRECTORS
OF THE CANDIDATE APPLICANT ORGANISATION.

PERSONAL INFORMATION

First Name / Middle Name / Last Name	
Date of Birth	Citizenship
Address	
Country	Postal Code
Fax	Mobile Phone
Home Phone	Office Phone
Occupation	
Career Record	
Education Record	

CURRENT BUSINESSES

Particulars	Company 1	Company 2
Name of Business		
Nature/Type of Business		
Date of Formation		
Paid-Up Capital (in PhP)		
Major Shareholders		
Number of Staff		
Address		
Country		
Fax		
Phone		
Particulars	**Company 3**	**Company 4**
Name of Business		
Nature/Type of Business		
Date of Formation		
Paid-Up Capital (in PhP)		
Major Shareholders		
Number of Staff		
Address		
Country		
Fax		
Phone		

PROFESSIONAL REFERENCES

Particulars	Reference 1	Reference 2
Name		
Occupation		
Phone		
Years Known		

CURRENT BANKS

Particulars	Bank 1	Bank 2
Name of Bank		
Manager-In-Charge		
Phone		
Years Known		

FINANCIAL INFORMATION

Current Net Worth (Total Assets Less Liabilities) in PhP

Have you ever been involved or are you currently an owner/stockholder of an educational organization/school, training center, education provider and/or educational materials/resources reseller/manufacturer? (Please tick box.)

☐ Yes ☐ No

If **YES**, indicate the following

Particulars	Organization 1	Organization 2
Name of Organization		
Course Offering / Educational Products & Services		
Date of Formation		

Which CIE franchise package are you interested in? (Please tick box.)

☐ CIE Child Development Centre (Pre-School)
☐ CIE Child Development Centre (Grade-School)
☐ CIE Science and Information Technology High School
☐ CIE School of Business and Information Technology
☐ CIE School of Leadership and Management

Do you currently own or lease premises suitable for a CIE franchise package? (Please tick box.)

☐ Yes ☐ No

If **YES**, please attach **LOCATION MAP**. Also, indicate the following

Site Address	
Size of Lot	Size of Floor Space

VERIFICATION

I confirm my genuine interest in the CIE School System International Franchise Package/s and that the facts provided in this form are true and correct. I further authorize CIE or its duly authorized representative(s) to contact any person(s) or organization(s) named and indicated in this form for background checking.

Signature
PRINT NAME BELOW SIGNATURE

Date Signed

Please send this form by personal delivery, post, fax or e-mail to

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