



FRANCHISEE APPLICATION FORM

Proposed Location

PERSONAL DETAILS

Full Name		H/P No		Religion	
NRIC/Passport No		Gender		Marital Status	
Date of Birth	/ / (DDMMYY)	Place of Birth			
Age		E-mail			

Permanent Home Address

Address	
Postcode	
City / State	
Phone No	

Present Residential Address (For Correspondence)

Address	
Postcode	
City / State	
Phone No	

Family Details

	Name	Qualification	Occupation
Father			
Mother			
Husband / Wife			
Brother / Sister 1			
Brother / Sister 2			
Brother / Sister 3			
	Name	Age	Boy / Girl
Child 1			
Child 2			
Child 3			

Languages

Spoken	
Written	

QUALIFICATIONS AND TRAINING

Name of School / College / University	From	To	Qualification Achieved

Participation in Short Duration Courses

1.	
2.	

Skills

--

WORK EXPERIENCE

Name of Company	From	To	Designation	Key Job Responsibilities

PRESENT POSITION/STATUS

Name and Address of Employer			
Nature of Business			
Present Position		Phone No	
Key Job Responsibilities			

BUSINESS EXPERIENCE

Do you have any business experience ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please fill up :		
Company Name and Registration No.		
Nature of Business		
Position Held		
Level of involvement	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time
	<input type="checkbox"/> Sleeping partner	<input type="checkbox"/> Others :

FRANCHISE INFORMATION

How did you get to know about the GTC franchising?	_____	
Why are you interested in doing the GTC business?	_____	
Who will be operating the GTC business?	_____	
How soon would you like to start your new business?	_____	
How will you finance GTC business?	Cash (RM) :	Loan (RM) :

OTHER INFORMATION

Is there any thing that may render it difficult for you to operate a business?	_____
Have you ever had any police conviction?	_____
Is there any current legal proceeding filed against you?	_____
Has any bankruptcy papers been field against you?	_____

DECLARATION

Agreement of applicant : I certify that statements in this application and accompanying materials are true, complete and correct to the best of my knowledge, and understand that misintepretation or deliberate omission of fact may subject me to disqualification or dismissal. I also authorise the company to make any necessary enquiries in connection with this application. Neither party is bound in any way by its submission of this Application.

I understand that during the course of processing the application there may be disclosed to me certain confidential information and trade secret of the company. I agree I will not use for myself or reveal to any party the confidential information or trade secrets concerning the GTC business.

Name of applicant :

Date :

(For Office Use Only)

Application received by :	Date :
Attended by :	Date :
Location approved :	Date :
Approved by :	Date :

Kindly submit the duly completed form to:
Global Top Technologies (M) Sdn. Bhd.
Wisma GTC, No.3 , Jalan Teknologi 3/4A,
Taman Sains Selangor 1, Kota Damansara,
47810, Petaling Jaya, Selangor
Tel: +603-6158 6666 Fax : +603 6158 1616
Email: franchise@gtc.my URL : www. gtc.my