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| **FOR INDIVIDUAL/SOLE PROPRIETOR ONLY** |
| *First Name Middle Name Last Name***NAME:**  |
| **GENDER** Male  Female  | **MARITAL** Single Widowed for \_\_\_ yrs.  **STATUS**  Married Legally separated for \_\_yrs.   | **BIRTDATE**(mm/dd/yyyy)  |  |  |  |  |  |  |  |  | **BIRTHPLACE** |
| **NATIONALITY** | **NO. OF CHILDREN** | **SSS / GSIS NO.** | **TIN** |
| **NO OF DEPENDENTS****(Other than children)** | **BENEFICIARY** |
| **SPOUSE DETAILS** |
| **NAME OF SPOUSE** |
| **PERMANENT ADDRESS:** | EMAIL ADDRESS: | MOBILE NO.: |
| **NAME OF EMPLOYER / BUSINESS:** |
| **EMPLOYER / BUSINESS ADDRESS:** |
| **PARENTS DETAILS** |
| **MOTHER’s MAIDEN NAME** | OCCUPATION / BUSINESS: |
| **FATHER’S NAME:** | OCCUPATION / BUSINESS: |
| **ADDRESS DETAILS** |
|  **PRESENT ADDRESS (Please check the box if this is your mailing address)** *No. / Street Barangay City / Municipality Zip Code* |
| **RESIDENCE TYPE** Owned Rented Living with parents Living with relatives      | **LENGTH OF STAY** \_\_\_\_\_\_ Years \_\_\_\_\_\_ Months | **TEL NO.** |
| **E-MAIL ADDRESS**  | **MOBILE PHONE NO.** | **FAX NO.** |
| **EDUCATIONAL BACKGROUND** |
|  | **NAME AND ADDRESS OF SCHOOL** | **INCLUSIVE YEARS** | **DEGREE COMPLETED** | **AWARDS / CITATIONS** |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| POST-GRADUATE |  |  |  |  |
| OTHER ACADEMICS DEGREE/COURSES |  |  |  |  |
| **PREVIOUS SEMINARS/TRAININGS ATTENDED/COMPLETED IN MANAGEMENT, SALES AND MARKETING, RETAILING OR CUSTOMER RELATIONS:** |
| **TRAINING / SEMINAR** | **INCLUSIVE DATES** | **CONDUCTED BY:** |
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| **WORK DETAILS** |
| **NAME OF EMPLOYER:** |
| **EMPLOYER ADDRESS:** |
| **NATURE OF BUSINESS:** | **EMPLOYMENT STATUS****Full-time Part-time Contractual**     | **Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **OCCUPATION / PROFESSION:** | **LENGTH OF SERVICE** **\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_\_ Months** |
| **BUSINESS:** |
| **NAME OF BUSINESS:** |
| **BUSINESS ADDRESS:** |
| **NATURE OF BUSINESS:** | **NO. OF YEARS IN BUSINESS** **\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_\_\_ Months** |
| **DO YOU HAVE RELATIVES WORKING WITH PITAKAMO? YES NO**  **State Name and Relationship :** |
| **PERSONAL FINANCIAL BACKGROUND****In order for us to evaluate your personal/corporate ability to fund an PitakaMo franchise, please specify source of funding for this venture.** |
| **SALARY / WAGES:** |
| **BONUS / COMMISSIONS:** |
| **DIVIDENDS / INTEREST:** |
| **REAL ESTATE INCOME:** |
| **BUSINESS PROFITS:** |
| **NOTES / ACCOUNTS RECEIVABLES:** |
| **OTHER INCOME (specify sources, eg Trust, Spouse, etc)** |
| **TOTAL ANNUAL INCOME: P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TYPE OF BANK ACCOUNTS:** | **BRANCH:** |
| **BUSINESS EXPERIENCE****Please indicate business/es currently operating and those which closed if any within the past 5 years.** |
| **PRESENT BUSINESS** | **POSITION:** | **YEARS IN BUSINESS:** |
| **BUSINESS ADDRESS (in full)** | **TELEPHONE NO.** | **EMAIL ADDRESS** |
| **NATURE OF BUSINESS/TYPE** **MANUFACTURING**  **FOOD/RESTAURANT**  **BANKING/FINANCE**  **MARKETING/ADVERTISING** **RETAIL/WHOLESALE TRADING** **OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **TOTAL NUMBER OF EMPLOYEES AND LENGTH OF SERVICE****\_\_\_\_\_\_\_ ≤ 1 year****\_\_\_\_\_\_\_ ≤ 5years****\_\_\_\_\_\_\_ ≤ 10 years****\_\_\_\_\_\_\_ > 10 years** | **TYPE OF BUSINESS OWNERSHIP** **SINGLE PROPRIETORSHIP**  **PARTNERSHIP/ASSOCIATION**  **CORPORATION**  **COOPERATIVE** **OTHERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **YEARS OF OPERATION** |
|  |
| **PREVIOUS BUSINESS/EMPLOYMENT EXPERIENCES****(Give exact names, address and dates. List most recent first. If necessary, use additional sheets)** |
| **DATE EMPLOYED** | **POSITION** | **NAME OF COMPANY** | **TYPE OF BUSINESS** |
| **ADDRESS:** | **NAME OF SUPERVISOR** | **REASON FOR LEAVING** |
| **RESPONSIBILITIES** |
| **DATE EMPLOYED** | **POSITION** | **NAME OF COMPANY** | **TYPE OF BUSINESS** |
| **ADDRESS** | **NAME OF SUPERVISOR** | **REASON FOR LEAVING** |
| **RESPONSIBILITIES** |
| **SOCIO-CIVIC AFFILIATIONS (eg Rotary, Lions, Jaycees, Mason, etc)** |
| **NAME** | **ADDRESS** | **POSITION** | **INCLUSIVE YEARS** |
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| What were your personal contribution/s to the organization in the past two years? |
| Please indicate personal/business gains you got from joining the organizations.  |
| **REFERENCES****Bank/Credit References (Pls indicate contact person/s where accounts are held)** |
| **NAME** | **ADDRESS** | **HOW LONG KNOWN** | **TELEPHONE NUMBER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Clients** |
| **NAME** | **ADDRESS** | **HOW LONG KNOWN** | **TELEPHONE NUMBER** |
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|  |  |  |  |
| **Suppliers** |
| **NAME** | **ADDRESS** | **HOW LONG KNOWN** | **TELEPHONE NUMBER** |
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| *I hereby certify that the above information is true and correct and that any material misrepresentation or falsity shall be constructed as an act to defraud the company for which I can be held civilly and / or criminally liable. I commit to inform the company in writing of any change in the foregoing information herein provided. I hereby authorized PitakaMo Inc. to verify and investigate any and all information herein as the company deem appropriate.**I/We understand that upon acqusition of a franchise, I/we are required to undergo PitakaMo’s Franchise System and other regulators’ (BSP, AMLC) trainings.* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature Over Printed Name Date** |

**-----------------------------------------------------------------FOR PITAKAMO USE ONLY---------------------------------------------------------------------------**

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| **PROOF OF IDENTIFICATION PRESENTED** |
| **Identification Documents (Please note: Proof of ID should be issued by an official authority and showing picture of the owner/franchisee)** |
| **Issuer** | **Reference No.** | **Date / Place of Issue** | **Expiry Date** |
|  |  |  |  |
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| **CONTROL CHECKLIST** |
|  Network Builder Application Form is properly filled out  Proof of Identification is photocopied and filed herein  Picture required (latest 2x2 ID picture) submitted  Pictures appearing on IDs are similar to the person applying/acquiring the franchise  Cash/Check received as payment. Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Submitted photocopied documents verified with original documents  Background Checking Done (if necessary)  Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NFIS Checking (OFAC, BSP / AMLC Listing, Blocking and Watchlist, etc.) Done By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Network Builder was interviewed to verify certain information provided by client to the extent possible.  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent “Thank You” letter. Date sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certificate of Exemption issued by Commissioner of BIR attached (for tax exempt from withholding tax on commissions) CLIENT TYPE Walk-in  Referred / Solicited By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **PREPARED / SIGNATURE AUTHENTICATED BY:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature Over Printed Name Date | **APPROVED BY:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature Over Printed Name Date |