



宝香绑线肉骨茶
Pao Xiang Bah Kut Teh
STRING TIED MEAT

REGISTRATION OF INTEREST FORM

Name of Applicant _____

Company Name _____

Corresponding Address _____

Contact Number(s) _____

Facsimile Number _____

Email _____

Briefly describe your Academic/Professional/Business Experience

Academic

Professional

Business

Are you currently operating a Business Operation? If yes, kindly provide brief information.

Is it a Franchise / License Operation? If yes, briefly describe the Franchise / License Rights?

Briefly describe your interests with **PAO XIANG** License



宝香 绑线肉骨茶
Pao Xiang Bah Kut Teh
S T R I N G T I E D M E A T

REGISTRATION OF INTEREST FORM

Preferred Territory

Priority

Second

Third

Do you plan to have Partners for the Business Operations? If yes, briefly describe your management structure.

How do you intend to finance the Business Operation? Kindly provide information on Ready Investment and Financing Facilities, if any.

Upon obtaining the License Rights, when do you intend to commence Business Operation?

Please Note:

Submission of Application is not confirmation of License Appointment and does not bind both the NAME OF COMPANY and Applicant in any manner. However, Applicant will be given the first right of refusal on Preferred Territory.

Date : _____

Signature : _____