



AH CHENG LAKSA SDN BHD
(929009-T)
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Taman Perindustrian USJ 1
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LICENSEE APPLICATION FORM

Disclaimer

This application form will be treated as confidential and is solely use for our evaluation proposes to verify the applicant suitability as an Ah Cheng Laksa Licensee. We or either party do not obligate in any manner.

Personal Information

Name: _____

Identification No.: _____ Age: _____

Address: _____

State: _____ City: _____ Post Code: _____

Tel No. (House): _____ Tel No. (Office): _____

Tel No. (Fax): _____ Tel No. (Mobile): _____

Email Address: _____

Highest Education: _____

Name of School/ College/ Universities: _____

Marital Status: Single Married Divorced

Name of spouse/partner: _____

Date of Birth: _____ Age: _____

No. of Children: _____

Background Information

Have you ever owned or managed any operation of retail business?
 No Yes
 If Yes, please provide details: _____

Have you ever worked within the food service industry?
 No Yes
 If Yes, please provide details: _____

Have you ever been self-employed?
 No Yes
 If Yes, please provide details: _____

Have you ever been bankrupt?
 No Yes
 If Yes, please provide details: _____

Will you work in the business full time?
 No Yes
 If No, please provide details: _____

Will you have a business partner?
 No Yes
 If Yes, please provide details: _____
 (Note: A separate application and financial statement is required from each business partner.)

Employment History (Please list Three most recent occupations held.)

Present Occupation
 Company: _____
 Type of Business: _____
 Position: _____ Date Employed: _____

Past Occupation
 Company: _____
 Type of Business: _____
 Position: _____ Date Employed: _____

Past Occupation
 Company: _____
 Type of Business: _____
 Position: _____ Date Employed: _____

Personal Finance Statement

I make the following statement of my assets and liabilities as of _____.

Assets

Cash on hand and unrestricted in the bank	RM _____
Real estate (Market Value)	RM _____
Other assets	RM _____
Total Assets	RM _____

Liabilities

Accounts/ Credit Cards payable	RM _____
Note/ Loans payable to banks	RM _____
Other liabilities	RM _____
Total Liabilities	RM _____

Net Worth (Net Worth = Total Assets – Total Liabilities) **RM** _____

Source of Income

Salary	RM _____
Bonus	RM _____
Dividend/ Interest	RM _____
Real Estate Income	RM _____
Business Profits	RM _____
Spousal Income	RM _____
Total Income	RM _____

***You may be requested to prove evidence of your financial status.**

What is the main source of your capital?

Will you require assistance to attain financial support?

No Yes

If Yes, please provide details: _____

Business Information

Company Name: _____
Company Registration No.: _____
Registered Address: _____ _____
Contact No.: _____

Location Preferences

1 st Preference: _____
2 nd Preference: _____
3 rd Preference: _____

Declaration

I declare that all the information provided in this application form is true and correct. If any information is false or misleading in any way,

I agree to inform you immediately should there be any detail changes in this application form.

I understand that references may be contacted.

I understand that this application form is for evaluating the suitability of the applicant to be a potential Licensee. The licensor or either party do not obligate in any manner.

Signature: _____ Date: _____

Name: _____