



Area Developer Evaluation Form

United Food Company
 (Member of Abunayyan Group)
 P O box 55447
 Riyadh 11534
 Kingdom of Saudi Arabia

REQUIRED DOCUMENTS FOR PROCESSING	
Corporate Applicants <ul style="list-style-type: none"> • Letter of intent with business plan • Company background • Copy of latest audited company finance statement • CR Copy • ID copies of partners/proprietor • Bank details(name of bank, A/C number, branch) • Authorization to release of personal info (format attached) 	Individual Applicants <ul style="list-style-type: none"> • Letter of intent with business plan • Resume • Copy of latest audited company finance statement • CR Copy • ID copies of partners/proprietor • Bank details(name of bank, A/C number, branch) • Authorization to release of personal info (format attached)

Approval

Date

Area Developer Evaluation Form

DEVELOPER			
Last	First	Middle	
Applicant's Name			
Street	City	State	Zip
Address			
Home Phone		Business Phone	
Mobile Phone		Email Address	
Name		City	State
Current Employer			
Position		Date of Employment	
		From	To
Date of Birth	Marital Status		No of Dependents
Spouses Name	<input type="checkbox"/> No	<input type="checkbox"/> Are you a U.S. Citizen	
		Yes	

Form of Organization	
(Check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Corporation
Date of incorporation or Organization	
<input type="checkbox"/> <i>If legal entity has not yet been formed, check here</i>	
Company Name	

Principals and Management				
Investor/Associates who will join you in this venture. Please have each fill out separate form.				
	Name	Address	% Ownership	% Time
1				
2				
3				

Developer Questionnaire

(Please answer the following questions)

1. Will the franchise be your sole source of income?
2. Total unencumbered liquid capital readily available for use in the franchise business?
3. What is the source of this unencumbered liquid capital?
4. How do you anticipate financing the balance of the total initial investment?
5. Have you ever been or are you currently a franchisee of any other brand?
 - a. If so, what brand and for how long?
 - b. How many units?
6. Do you or your partner/partners have restaurant management experience?
7. If you do not have any restaurant management experience or multi unit experience, what experience do you have that qualifies you to be approved as a franchisee?
8. What percentage of your time will be dedicated to this venture?
9. What geographic areas are you interested in developing a franchise opportunity?
10. Would you be willing to consider other areas to open your franchise? If so, what areas?
11. How soon would you be prepared to join a franchise system?

I hereby certify that the information supplied in this Area Developer Evaluation Form and other financial statements made by me are true and correct. I agree to have all information confirmed by one of your representatives and I authorize you to check references and conduct such additional credit checks as deemed necessary. I further understand that submission of this information does not obligate either of the parties to purchase or sell a franchise.

Date

Applicant's Signature

Yearly Income		
Salary, Wages	\$	
Bonus, Commissions	\$	
Dividends, Interest	\$	
Other Income	\$	
Total Yearly Income	\$	

Personal Balance Sheet			
Assets		Liabilities	
Cash	\$	Secured/Unsecured Notes Payable to others	\$
Marketable Securities	\$	Accounts Payable	\$
Non-Readily Marketable Securities	\$	Margin Accounts	\$
Net Cash Surrender Value of Life Insurance	\$	Notes due: Partnership	\$
Primary Residence Real Estate	\$	Mortgage Debt	\$
Real Estate Investments	\$	Life Insurance Loans	\$
IRA, Profit Sharing, other Vested Retirement Accts	\$	Other Liabilities	\$
Deferred Income	\$		
Total Assets	\$	Total Liabilities	\$
		Total Net Worth	\$

Access to Capital		
Type	Name	Amount
Letter of Credit		\$
Bank		\$
Family		\$
Other		\$

Authorization

For Release of Personal Data Record Information

In connection with my Application for a franchise with Freshberry, I hereby authorize United Food Company. or its agents, to contact any present or past employer, financial institution, law enforcement agency, reference or any other person, firm or corporation.

I authorize and request any of the firms or persons contacted to provide all information concerning me, and I hereby release said firms, institutions and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my character or skill, credit history or criminal history. United Food Company. Agrees to restrict the use of this information only to the evaluation of my Application for a Freshberry franchise.

I am willing and request that a photocopy of this Authorization be accepted with the same authority as the original.

I further authorize United Food Company. or its agent, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

Print Name: _____

Place of Birth: _____ Citizenship (Country) _____

Iqama ID # _____ Date of Birth _____

Signature: _____ Date: _____