



**FILIPINO INTERNATIONAL FRANCHISE ASSOCIATION**

104 Minnesota Mansion, 267 Ermin Garcia St., Cubao, 1109 Quezon City

Tel (02) 437.8358 / 995.0734 Fax (02) 439.1579

Email: franchisingphmagazine@gmail.com Website: www.fifa.ph

**MEMBERSHIP APPLICATION FORM**

**Please answer all questions in full. Incomplete applications cannot be processed.**

**SECTION I – Applicant, Principals and Affiliates**

1. Full Legal Name of Applicant \_\_\_\_\_
2. Trade Name \_\_\_\_\_  
*(If the applicant operates more than one trade name, a separate application is required for each trade name.)*
3. Head Office Address

Number	Street	Suite	City
Province/State	Postal/Zip Code	Country	
(_____) _____	(_____) _____	_____	
Phone	Fax	E-mail	

4. Principal(s) Applicant: (List the names of major shareholders, directors, general partners and officers of the applicant who will have day-to-day management responsibilities. Major shareholders are considered to be those owning more than 10% voting shares. If a principal has multiple capacities, e.g. director or shareholder, indicate all capacities.

Name	Title (e.g. Director, President, VP, CEO, Partner, etc.)
Name	Title
Name	Title
Name	Title
Name	Title

5. Official Designee to FIFA: (List the name of the person who will be the official liaison between the applicant and FIFA.)

Name	Title		
Relationship of the applicant (if not one of the principals listed above)			
Number	Street		
City	Province/State	Postal/Zip Code	Country
(_____) _____	(_____) _____	E-mail _____	
Phone	Facsimile		

6. Present and past involvement of applicant in franchise systems, if any

\_\_\_\_\_

## SECTION II – Applicant’s Business and History

1. Please describe the nature and history of the applicant’s business

- \_\_\_\_\_
2. Date when the applicant began operation \_\_\_\_\_
3. Date when the applicant began providing serving to the franchise industry \_\_\_\_\_
4. Number of people who devote at least 50% of their time for franchising \_\_\_\_\_
5. Current number of offices/branches according to province \_\_\_\_\_

## SECTION III – References

1. **General**

\_\_\_\_\_ Company  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Name Phone Number  
\_\_\_\_\_  
Address

2. **General**

\_\_\_\_\_ Company  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Name Phone Number  
\_\_\_\_\_  
Address

3. **Bank**

\_\_\_\_\_ Bank Name / Branch Current Account Number  
\_\_\_\_\_ (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Contact Name Phone Number Facsimile No.  
\_\_\_\_\_  
Address

4. **Client Reference (1)**

\_\_\_\_\_ Client Name (preferably a franchise client)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Name Phone Number  
\_\_\_\_\_  
Address

5. **Client Reference (1)**

\_\_\_\_\_ Client Name (preferably a franchise client)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Name Phone Number  
\_\_\_\_\_  
Address

6. **Membership in other Professional/Industry Organizations**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SECTION IV – Authorization, Declaration and Acknowledgment**

By my signature below:

- a) I represent and warrant to the FIFA that I have an authority to act on behalf of the applicant.
- b) I declare that the information given on or pursuant to this application is true and complete and not misleading in anyway.
- c) I confirm, on behalf of the applicant, that the applicant has read and understood, and endorsed and subscribed to the FIFA Code of Ethics. I acknowledge, that any failure of a FIFA member to comply with the Code of Ethics may result in suspension of membership privileges or in termination of membership without refund of dues paid.

\_\_\_\_\_  
***Signature of Authorized Signing Officer***

\_\_\_\_\_  
***Name ( Please Print)***

\_\_\_\_\_  
***Date***

## **Basic Steps for Application Approval**

- Submit a completed and signed application form
- Schedule a meeting with FIFA
- Bring the ff: (if any)
  - Franchise Disclosure Information
  - Trademark Registration Certificate