

MON CHÉRI PARTNERSHIP PROGRAM  
**APPLICATION FORM**

\* Every information from this material must be kept confidential.

## MON CHÉRI PARTNERSHIP PROGRAM

### Fill and send this form to be part of Mon Cheri partner system:

1. The information required below is necessary to apply for this procedure. Every personal and financial information will be considered as confidential and will be hidden from any third party without confirmation.
2. Everyone or every interested subject should fill the form (a married couple must apply only in one form).
3. The documents listed on the last page should be submitted along with form.

<b>APPLICATION DATE</b>		
How did you find out about our franchise program?		
<input type="checkbox"/> From Mon Chéri sh.p.k	<input type="checkbox"/> Website	<input type="checkbox"/> Unit Manager .....
<input type="checkbox"/> Other partners	<input type="checkbox"/> Adds or newspaper	<input type="checkbox"/> Other .....

### PERSONAL INFORMATION

APPLICANT	
<b>Name/Surname:</b> <b>Birthday:</b>	<b>Nationality:</b> <b>Citizenship:</b>
<b>Current address:</b> City/State: ..... Time in current residence: .....	<b>I live in:</b> <input type="checkbox"/> the house I bought <input type="checkbox"/> rent
<b>Previous residential address:</b> City/State: ..... Time in previous residence: .....	<b>I lived in:</b> <input type="checkbox"/> the house I bought <input type="checkbox"/> rent
<b>Marital Status:</b> <input type="checkbox"/> Single	<input type="checkbox"/> Married (fill below)
Name of spouse: .....	
Will your spouse be an active part of this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe his/her role below:	.....
Does your spouse have ownership interest on this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, then your spouse needs to fill the form as the "Applicant 2".</i>	
Nr of children: .....	Age of children: .....

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APPLICANT 2 (if there is one)	
<b>Name/Surname:</b> <b>Ditëlindja:</b>	<b>Nationality:</b> <b>Citizenship:</b>
<b>Current address :</b> City/State: ..... Time in current residence: .....	<b>I live in:</b> <input type="checkbox"/> the house I bought <input type="checkbox"/> rent

OTHER INFORMATION		
	APPLICANT 1	APPLICANT 2
EDUCATION		
PHONE NUMBER		
OFFICE NUMBER		
MOBILE		
E-MAIL		

### YOUR INTEREST TO BE A MON CHÉRI PARTNER

*Write a brief paragraph to tell us the reasons of this application to be partner of Mon Chéri.*

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### GEOGRAPHIC INTEREST

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## MON CHÉRI PARTNERSHIP PROGRAM

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### EXPERIENCE IN BUSSINESS

	APPLICANT 1	APPLICANT 2	COMMENTS
Have you owned before (or now) a business?			
Was this business (or is it) on the coffee sector or pastry sector?			
Are you interested in any other cafe or pastry business at the moment?			
Have you ever been part of a franchisee business?			
<i>Write below the reasons you want to be a Mon Chéri partner:</i>			

### WORK EXPERIENCE

Position Company	Supervisor Contact Number	Net Annual Salary, No Bonuses or Commissions	Period of Employment	
				APPLICANT 1
				APPLICANT 2

### MON CHÉRI UNIT MANAGEMENT

<p>Will there be anyone or any subject involved (financially) in your franchise? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p><i>If "Yes" please list below the name of the person or business which has financial interest in your franchisee:</i></p> <p>.....</p> <p>.....</p>
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### Who will be your operational partners?

At least 40h/week should be spent on the Mon Cheri unit from operational partners and managers who have completed training in our company.

Do you think yourself as an able person to undertake necessary physical tasks for the daily operation of a Mon Chéri unit?       Yes       No

Describe how you are going to be involved in the daily operation of the Mon Chéri unit.

.....

## INVESTMENT FINANCING\*

What is the amount you intend to invest to launch the business? What are the sources of funding that you will use? Please, list them below.

SOURCE	AMOUNT
Net income	
Savings	
Sale of a Previous Business	
<b>TOTAL</b>	

**\*\* Important note:** The approval of the application does not mean that the prediction of your investment is calculated correctly and is sufficient to start the business.

Are you currently in loan repayment process?       Yes       No  
How long have remained until complete repayment?  
If yes, how much is the monthly installment?

**Reminder! The following documents must be submitted together with the application form in order to be considered complete. Mon Chéri Sh.p.k. may request additional documents and information before taking a decision on this application.**

1. Criminal Records
2. Applicant CV
3. Bank statement for.....
4. If any of the required documents will not be submitted, you must provide written reasons why this document was not submitted.

## MON CHÉRI PARTNERSHIP PROGRAM

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### ***By signing below:***

1. I represent and guarantee that the information in this application (included information of the documents attached to this application) is real and correct.
2. I accept that Mon Chéri sh.p.k will content to this information when they decide for the approval of this application. If Mon Chéri approves my application and after that they decide that the information is fake or not complete, then Mon Chéri sh.p.k. has the right to end my right as a partner.
3. I authorize Mon Chéri Sh.p.k. (for the partners and authorized persons) to do any necessary control over financial background that Mon Chéri Sh.p.k. and its partners deem necessary, including obtaining a person's credit report.  
If my application is approved, then this authorization shall continue for as long as I am in the process of the Mon Chéri unit development, or as long as I am franchise of Mon Chéri, or for how long I have obligations to Mon Chéri Sh.p.k. as its representative, and any information obtained may be used by Mon Chéri Sh.p.k. and its representatives in an effort to reinforce my obligations to Mon Chéri Sh.p.k. or its representatives.
4. I authorize any information about me that is needed by Mon Chéri sh.p.k, without any objection or restriction.
5. I guarantee and represent that I am not currently interested in any other cafe or pastry businesses which would result in a violation of the right to receive a franchise business that I'm interested.

***Signature:***

.....  
APPLICANT 1

***Signature:***

.....  
APPLICANT 2

***The required information is necessary to fill this procedure. Your personal and financial information will be treated as confidential and will be disclosed to any third party without your approving.***