AVON Malaysia

Franchise Application Form



the company for women

Expression of Interest for AVON Malaysia Franchise

SECTION A: GENERAL INFORMATION

A.1 Name:					
A.2 Date of Birth:	A.3 NEW NRIC Number:	A.4 Old NRIC Number:			
A.5 Please identify the area where you wa	ant to open an AVON franchise?				
A.6 Why are you interested in the above r	mentioned Location or Area?				
A.7 Do you plan to run the business full time? If not, please provide details on how you plan to run the business					
A.7 Do you plan to run the business run t	ille: Il flot, please provide details on flow	you plan to run the business			
A.8 How did you hear about the AVON op	portunity?				
A.9 Have you visited an AVON store? Are	you aware of the roles & responsibilities o	of an AVON franchise owner?			

SECTION B: PERSONAL INFORMATION

B.1 Marital Status	Single	Married	Separated	Divorced
B.2 Number of Children	& Ages		1	
	Self-Info	ormation	Spouse li	nformation
B.3 Name				
B.4 Date of Birth				
B.5 Telephone Number				
B.6 Mobile Number				
B.7 Email Address				
B.8 Residential Address				
B.12 Current Employment status				
B.13 Current Employer Name				
B.14 Current Job description				
B.15 Current Salary				
B.16 Any physical limitations or health concerns				
B.17 Any prior entrepreneurial experience				

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B.18 Have you ever been an AVON rep?	
B.19 If your answer to previous question is 'Yes', please provide your rep ID & date of joining	
Please provide responses to the below questions in yes/no format	
B. 20 Have you ever been convicted of any violation, offense or crime?	
B.21 Are you or is your company involved in any pending litigation?	
B.22 Has any judgement even been entered against you or your company or your employer where you were one of the litigants?	
B.23 Have you ever declared personal or business bankruptcy?	
B.24 IF your answer is 'yes' to any of the above questions, please provide additional details.	

SECTION C: EDUCATIONAL BACKGROUND

C.1 Please provide the below information regarding your educational background					
	Name & Address of School	Date Graduated	Degree	Awards, if any	
Post Graduate					
College					
High School					

C.2 Do you hold any additional certifications, please provide details.					
Name of the certification	Duration of the course	Certificate issuing authority			

SECTION D: PROFESSIONAL EXPERIENCE

D.1 Please provide your entire professional experience history in reverse chronological order (most recent first). Please include any businesses that you might have owned/started in the past					
Name of Company	Industry	Position	Job Responsibilities	Years Employed	Reason for Leaving
	Retail/Wholesale Manufacturing Banking/Finance Advertising/Marketing/PR Others If Others, please specify:				
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D.2 For any businesses that you owned or currently run, please provide the following detailed information					
Name of Business		Years in Business	Position		
Address	Email	Telephone Number	Fax Number		
Nature of Business Retail/Wholesale Manufacturing Banking/Finance Advertising/Marketing/PR Others If Others, please specify:	Type of Business Ownership Single Proprietorship Partnership Corporation	Years in Operation	Number of Branches		
Annual Sales	Annual Income	Number of Employees	Number of Employees Supervising		
Duties and Responsibilities					
Identify the achievements/milestones/developments in your business.					
How do you supervise the business? Cite situation/s that you considered the most challenging times of the business. How did you overcome it?					
How do you supervise the employees? What are the challenges you encountered?					

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Are you planning to have a busine	ss partner? If so, will the par	rtner	pe active in the business?	
SECTION E: FINANCIAL IN	FORMATION			
AVON requires a total of RM 250 furniture, fixtures and security de		es Bu	siness opportunity fees, cons	truction cost, equipment,
E.1 Will you be able to meet AVO	N's financial requirements?		Yes	□ No
E.2 How much of capital can you assets	allocate from your current lie	quid		
ussols				
E.3 If the required amount is not a	available how would the			
investment be obtained				
E.4 Should you require additional be able to arrange funds? If s		ill you	l l	
3				
E.5 Do you plan to convert any of	your fixed assets in to cash	in		
order to provide the initial inv	estment?			
E.6 Do you plan to have a busines be active	ss partner? If yes, will the pa	rtner		
20 20 11 10				
E.5 Please provide the following of	details related to your curren	t net	worth	
Current Assets	Amount (In PM)	1 [Current Liabilities	Amount (in RM)
Cash in current account	Amount (In RM)	1	Note payable	Amount (m KW)
		+ +		
Cash in savings account			Short term loans (<1 year maturity)	
Fixed Assets	Amount (In RM)		Long Term Liabilities	Amount (in RM)
(Please list all fixed assets)	. ,	1	(Please list all long-term liabilities)	, ,
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SECTION F: AUTHORIZATION	AND CONSENT		
I hereby irrevocably authorize and deemed suitable by Avon from time System ("CCRIS") or CTOS Data S	ne to time including but		
I acknowledge that the disclosure of applying for the Franchise Bus include the processing, assessing,	siness Opportunity with	Avon Cosmetics (M	
I also acknowledge and understar deemed as sensitive information u		·	-
I hereby confirm and acknowledge construed as Avon having agreed my application be approved, this a writing.	to my application which	shall be subject to	the final approval of Avon. Should
		_	
APPLICANT'S SIGNATURE			
DATE:			
PLACE:			

