

**FRANCHISE AWARDS 2012**  
**Entry Form and Franchise Survey**  
**DEADLINE: 3 March 2012**

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Company name: \_\_\_\_\_ Year established: \_\_\_\_\_  
 Franchise name: \_\_\_\_\_ Franchising since: \_\_\_\_\_  
 Products sold/services offered: \_\_\_\_\_

Address: \_\_\_\_\_  
 Phone numbers: \_\_\_\_\_ Fax numbers: \_\_\_\_\_  
 Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

President: \_\_\_\_\_ President since (MM/YY): \_\_\_\_\_  
 Chief Executive Officer: \_\_\_\_\_ CEO since (MM/YY): \_\_\_\_\_

Franchise contact person: \_\_\_\_\_ Contact phone: \_\_\_\_\_

1. Franchise Package
  - a. Total Investment: \_\_\_\_\_  
 (*Initial investment as reported in the franchise agreement*)
  - b. Franchise Fee: \_\_\_\_\_  
 (*Included in total investment above*)
  - c. Royalties: \_\_\_\_\_
  - d. Advertising Fee: \_\_\_\_\_
  - e. Term of Franchise: \_\_\_\_\_
  - f. Renewable?  YES  NO No. of years: \_\_\_\_\_

2. Total number of operating units as of 31 December 2011

- a. Local (company-owned): \_\_\_\_\_
- b. Local (franchised): \_\_\_\_\_
- c. Overseas (company-owned): \_\_\_\_\_
- d. Overseas (franchised): \_\_\_\_\_

3. Total number of operating units **OPENED** in the following years

	2009	2010	2011
a. Local (company-owned)			
b. Local (franchised)			
c. Overseas (company-owned)			
d. Overseas (franchised)			
<b>TOTAL</b>			

4. Number of units per franchise model

- a. Cart: \_\_\_\_\_
- b. Kiosk: \_\_\_\_\_
- c. In Line: \_\_\_\_\_
- d. Full Store: \_\_\_\_\_

5. Number of units for other franchise models not listed above

- a. Franchise model 1 ( \_\_\_\_\_ ): \_\_\_\_\_  
 b. Franchise model 2 ( \_\_\_\_\_ ): \_\_\_\_\_  
 c. Franchise model 3 ( \_\_\_\_\_ ): \_\_\_\_\_

6. Gross annual sales

	2009	2010	2011
a. Local (company-owned)			
b. Local (franchised)			
c. Overseas (company-owned)			
d. Overseas (franchised)			

7. Number of units per region (Philippines)

	Total no. of operating units		No. of units opened per region (2009-2011)	
	Company-owned	Franchised	Company-owned	Franchised
Metro Manila (NCR)				
Cordillera Administrative Region				
Northern Luzon (Region 1)				
Cagayan Valley (Region 2)				
Central Luzon (Region 3)				
CALABARZON (Region 4-A)				
MIMAROPA (Region 4-B)				
Bicol (Region 5)				
Western Visayas (Region 6)				
Central Visayas (Region 7)				
Eastern Visayas (Region 8)				
Zamboanga Peninsula (Region 9)				
Northern Mindanao (Region 10)				
Davao Region (Region 11)				
SOCCKSARGEN (Region 12)				
CARAGA Region				
ARMM				
<b>TOTAL</b>				

8. If currently franchising abroad, what is your mode of franchising? Choose one below.

- \_\_\_\_\_ Master franchising  
 \_\_\_\_\_ Area development  
 \_\_\_\_\_ Single unit franchise

9. Locations of franchised outlets overseas (countries)

\_\_\_\_\_

10. If not franchising abroad, do you have any plans of expanding to international markets soon?

\_\_\_\_ YES

What countries are you targeting?

\_\_\_\_\_

\_\_\_\_ NO

11. Total number of franchisees: \_\_\_\_\_

12. Total number of franchisees with multiple outlets: \_\_\_\_\_

13. Please list down contact details of franchisees with multiple outlets. (Please use additional sheets if needed.)

Franchisees	Office/mobile numbers	E-mail address

14. Do your franchisees have a franchise association? \_\_\_\_ YES \_\_\_\_ NO

Name of association: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

15. Training program for franchisees

	Frequency (monthly, yearly, etc.)	Duration (no. of hours per session)
a. Corporate headquarters		
b. Franchisee location		
c. Other venues (Pls. list down)		

16. Types of ongoing support offered

\_\_\_\_ Regional/national meetings Frequency: \_\_\_\_\_

\_\_\_\_ Grand opening Services/materials provided: \_\_\_\_\_

\_\_\_\_ Newsletter Frequency: \_\_\_\_\_

\_\_\_\_ Internet support

\_\_\_\_ Field visitations Frequency: \_\_\_\_\_

\_\_\_\_ Financial viability support Type/mode: \_\_\_\_\_

\_\_\_\_ Other types of support \_\_\_\_\_

17. Marketing support provided to franchisees

- National media campaign  
 Local store marketing  
 Cooperative advertising  
 Others (please describe):

18. Total number of franchised outlets that were:

	2009	2010	2011
Transferred (Relocated)			
Transferred (Change of ownership)			
Terminated by the company			
Reacquired by the company			
Cancelled by franchisee before termination date			
Renewed by franchisees			
Not renewed			

19. Total number of company-owned outlets that were closed in:

2009: \_\_\_\_\_ 2010: \_\_\_\_\_ 2011: \_\_\_\_\_

20. Total number of employees (main office and regulars): \_\_\_\_\_

21. Employees in the franchise department (main office): \_\_\_\_\_

22. Number of field officers (from the franchise department): \_\_\_\_\_

*I understand that to be considered in the Franchise Awards 2012, I must submit:*

- My entire Franchise Agreement format
- My franchise company's most recent audited financial statement (2008, 2009, 2010)
- A list of franchise and company-owned units operating as of 31 December 2011 in the following format:

Branch name	Address	Contact numbers (telephone and fax)	Franchisee

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature and date: \_\_\_\_\_ Direct phone line: \_\_\_\_\_