

ZAGU FOODS CORPORATION

✉ 52 West Capitol Drive, Barrio Kapitolyo, Pasig City
☎ (632) 687-0140 / local 113 or 0918-888-9248/0917-809-8023

INITIAL QUESTIONNAIRE FORM

* Kindly provide all information to the space provided below.

PERSONAL BACKGROUND

Last Name:		First Name:		Middle Name:	
Birth Date (dd/mm/yy)		Age:	Birth Place:		Gender: <input type="radio"/> Male
			<input type="radio"/> Female		
Citizenship:		Religion:		Civil Status:	
✉ Address:					
City / Province:			Postal / Country code:		
☎ Telephone:		📱 Cell phone:		Fax:	✉ E-mail Address:
Parents		Contact Number		Employer / Business Name	Position
1. _____		_____		_____	_____
2. _____		_____		_____	_____
Siblings		Contact Number		Employer / Business Name	Position
1. _____		_____		_____	_____
2. _____		_____		_____	_____
3. _____		_____		_____	_____

EDUCATIONAL BACKGROUND

Secondary:	
College:	Course:
Others:	

EMPLOYMENT INFORMATION

Employer / Business name:		Position:		No. of years employed / owned:	
Company Address:				Contact Numbers:	

SPOUSE INFORMATION				
Last Name:	First Name:	Middle Name:	Birth Date (dd/mm/yy):	
Age:	Occupation:	Position:	No. of years employed /owned:	
Company Address:			Contact Numbers:	
Children's Names	Age	Occupation (if working)/ School	Company	Contact Numbers
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

BUSINESS PARTNER (if any)

Last Name:	First Name:	Middle Initial:	Age:
<input checked="" type="checkbox"/> Address:			
Occupation:	Company Address:	Contact Number:	

REFERENCE

Name:	Contact Numbers:	Company:	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(Please write legibly. Thank you)

Note: Kindly provide information to the space provided below. Please use another sheet of paper if necessary

APPLICATION OBJECTIVES

☞ How did you learn about Zagu Foods Corporation? Were you referred by anyone? If yes, who?

☞ What made you choose Zagu over other businesses?

☞ What are your expectations from Zagu Foods Corporation?

BUSINESS BACKGROUND & OBJECTIVES

☞ How long have you been looking for a business opportunity? What businesses have you inquired about?

☞ Are you currently involved in any other businesses? If yes, what are they and when were they established?

☞ In owning and running a business, what do you consider the most important aspect?

☞ What type of business set up do you prefer?
○ Sole proprietor ○ Partnership ○ Corporation Please explain.

☞ What motivates you to pursue this business opportunity?

☞ If ever your application was considered, where do you see your business after 3 years of operation?

PERSONAL FINANCIAL BACKGROUND

☞ How much are you allocating for your Investment Package for start-up?

☞ How much revolving fund are you allocating to operate your Zagu Store?

☞ Do you have a business partner? If yes, who and what is your relationship to him / her?

☞ What percentage of the business equity will you own?

☞ Is your objective to supplement or replace your current income? Please explain.

☞ How much is your monthly income and your business partner's income (if applicable)?

MANAGEMENT BACKGROUND

☞ Do you intend to appoint an Operations Manager to overlook your store? If yes, who and why?

☞ How do you view business problems?

☞ Identify one major problem that you have encountered in your current business/work, and explain how you handled the said problem?

☞ What is your regular routine in your current business/work?

☞ If ever your application is considered, how much time do you intend to spend in this business on a daily basis and on a weekly basis?

☞ How do you think you can successfully operate the business? What special skill or experience do you have that will enable you to manage and operate the business successfully?

☞ Why should Zagu Foods Corporation appoint you as an Authorized Dealer?

TARGET LOCATION (OPTIONAL)

☞ Where do you want to operate your Zagu outlet? Mall Area Roadside
Address _____

No. Street, Barangay or Municipality City / Province

☞ Why is this your preferred location?

**AUTHORIZED DEALER APPLICATION
RESULT NOTIFICATION FORM**

Date: _____

ZAGU FOODS CORPORATION

This is to confirm my preference regarding the notification of the outcome of my Authorized Dealer Application. I request that you inform me through:

Email Address : _____
Home/Office address : _____

ZAGU FOODS CORPORATION RESERVES THE RIGHT NOT TO DISCLOSE ANY REASON FOR NOT CONSIDERING THE APPLICATION FOR AUTHORIZED DEALERSHIP.

Signature over printed name

Note: Kindly affix your handwritten signature.

Thank you.