

Franchise Enquiry Form

Thank you for your interest in DRSCALP franchise. Please complete and email the form to us at intlfranchise@drscalp.com.sg. We will review your enquiry and get back to you soon.

I am interested in -	
<input type="checkbox"/> Master Franchise	<input type="checkbox"/> Single-Unit Franchise
Location / Country of Interest:	

APPLICANT'S PARTICULARS

**please delete where applicable*

<i>If you are applying as an individual, please fill in the following:</i>	
Name of Applicant: Mr/Ms/Mrs/Mdm:	
Date Of Birth:	Contract Number:
Home Address:	
Country:	Email:
Current Occupation:	
<i>If you are applying on behalf of a Company, please fill in the following:</i>	
Company Name:	
Company Address:	
Designation:	

Please share with us why are you interested to take up DRSCALP franchise?
Have you already identified a suitable location to operate the DRSCALP outlet? <i>If yes, please provide the address, outlet size and date of availability:</i>
How familiar are you with franchising?
Have you brought/operated a franchise business before? <i>If yes, please state name of the franchise and your involvement:</i>
How much funds do you intend to set aside for this business venture? <input type="checkbox"/> Less than SGD\$500,000 <input type="checkbox"/> SGD\$500,001 – SGD\$750,000 <input type="checkbox"/> SGD\$750,001 – SGD\$1,000,000 <input type="checkbox"/> More than SGD\$1,000,000

By signing this form, I confirm my interest in this franchise opportunity and that the facts furnished about are accurate. I understand and give consent for the Franchisor to use the above information as part of its process to evaluate my franchise application.

Signature: _____

DATE _____

Full Name: _____