

# ZAGU FOODS CORPORATION

✉ 52 West Capitol Drive, Barrio Kapitolyo, Pasig City  
☎ (632) 687-4430 / local 113 or 150/ 0918-888-9248/0917-809-8043

## 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:	

<b>SPOUSE INFORMATION</b>				
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?

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☞ What made you choose Zagu over other businesses?

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☞ What are your expectations from Zagu Foods Corporation?

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**BUSINESS BACKGROUND & OBJECTIVES**

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

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

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

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

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☞ What motivates you to pursue this business opportunity?

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

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### **PERSONAL FINANCIAL BACKGROUND**

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

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

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

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☞ What percentage of the business equity will you own?

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

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

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**MANAGEMENT BACKGROUND**

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

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☞ How do you view business problems?

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

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

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☞ 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?

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☞ 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?

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

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**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?

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**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.