



## Le Katsu Manila Corporation

VAT Registered Tin#: 601-658-995-000  
27 Ground floor Touch of class Katipunan Ave. Kingspoint Subdivision  
Brgy. Bagbag Novaliches Q.C.  
Email: [lekatsumnl@gmail.com](mailto:lekatsumnl@gmail.com)

### Le Katsu MNL

#### Franchise Application Form

(Highly Confidential)

Please Attach 2x2 ID picture

All information applied herein shall be reserved solely for the purpose of applying for a Le Katsu Franchise. None of the applicant's personal information gathered shall be disclosed to another party or person unless requested by law.

I tender the following information as my complete and true personal & financial condition as the date shown below.

\_\_\_\_\_  
Signature over printed name of Franchisee Applicant

\_\_\_\_\_  
Date

#### Data Privacy

The Franchise Applicant authorizes Le Katsu Manila Corp., its subsidiaries affiliates, partners, successors and/or assigns to collect, process, store, and use any all information that the Franchise Applicant shall furnish Le Katsu manila for the purpose of conducting appropriate due diligence checks, registering and processing the Franchise Applicant's application, preparing the franchising documents and any other documents that may be required, performing financial transactions (such as but not limited to, the processing of franchise fee and performing other actions necessary or desirable in the implementation of related the franchise agreement and any amendments thereto), communicating any advisories or changes in the terms and conditions related to the franchising agreement, and any other purpose relating thereto. The Franchise Applicant hereby knowingly waives any and all statutory or regulatory provisions governing the confidentiality of such information, if applicable. In the event that the from that person to disclose and process the information in accordance with applicable laws.

Le Katsu Manila Corp. shall ensure the privacy and security of any and all confidential, privileged, personal and/or sensitive personal information that the Franchise Applicant (and their officers, employees, or agents) may have provided in this form; and shall store, use, process and dispose the said confidential, privilege, personal and/or sensitive personal information in accordance with Republic Act 10173 or the "Data Privacy Act of 2012", its implementing Rules and Regulations (IRR) and applicable National Privacy Commission (NPC) issuances. Any violation of this clause and any of the provisions of the said law and issuances by the aforementioned persons shall be subject to the corresponding sanctions, penalties or fines under the said law without prejudice to any other applicable civil and/or criminal liability. This clause shall survive the termination or expiration of this form.

#### Disclaimer and Signature

The submission of this application does not obligate the applicant or Le Katsu Manila Corp. in any manner nor does not it imply that there is any legal or commercial relationships between either party. It is merely a preliminary procedure.

Acknowledgement is made that the information supplied by me is true and correct. I authorize release of any information deemed necessary by Le Katsu Manila Corp. to verify the information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## FRANCHISE APPLICATION FORM

NAME OF APPLICANT: \_\_\_\_\_  
Mr/Ms                      First Name                      Middle Initial                      Last name

### PROPOSED FRANCHISE LOCATION (FOR OCULAR INSPECTION)

\_\_\_\_\_  
Unit/stall no.                      Flr.level/Bldg Name                      Street                      Village                      Brgy/City                      Province

*\*Please attach an offer sheet/Lease offer or contract of lease, especially if the location is within a mall or an establishment that has a leasing department.*

### PERSONAL INFORMATION

CURRENT RESIDENTIAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_                      CELLPHONE NO: \_\_\_\_\_  
HOME NO: \_\_\_\_\_                      WORK NO: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_                      AGE: \_\_\_\_\_                      CITIZENSHIP: \_\_\_\_\_  
TAX ID NO: \_\_\_\_\_                      SSS NO: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_                      OFFICE/BUSINESS ADDRESS: \_\_\_\_\_  
OFFICE/BUSINESS TIN No.: \_\_\_\_\_

*\*Please attach 1 VALID ID AND ALSO 1 PROOF OF RESIDENCY (LATEST UTILITY BILL).*

### EMPLOYMENT BACKGROUND

- EMPLOYED                      PRESENT OCCUPATION: \_\_\_\_\_                      POSITION: \_\_\_\_\_  
 SELF EMPLOYED

NAME OF COMPANY/BUSINESS (if self-employed): \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

TYPE OF OWNERSHIP: \_\_\_\_\_

\_\_\_\_\_  
Signature