



First Media Design School Education Franchise / Curriculum License Application Form

Please fill out the following form and kindly fax it to us at (+65 63371217) or email us at business@firstmedia.edu.sg

To assist us in our processing, please indicate N.A. for non-relevant information. We will follow up with you shortly. Thank you for your interest.

FIRST MEDIA DESIGN SCHOOL PTE LTD

5 TECK LIM ROAD
SINGAPORE 088383
T (65) 6337 8663
F (65) 6337 1217
E ENQUIRIES@FIRSTMEDIA.EDU.SG

STC SENAYAN BUILDING
5TH FLOOR UNIT 245-246
JL. ASIA AFRICA PINTU IX
JAKARTA - PUSAT 10270
INDONESIA
T (62) 21 5793 6321
F (62) 21 5793 6320

WWW.FIRSTMEDIA.EDU.SG

1. Personal Details

Intended Market for: _____ (Country) _____ (City)

Application Date: ____ / ____ / ____ (Day / Month / Year)

Applicant's Name:

Age: _____ Date of Birth: _____

Sex: Male / Female _____ Marital Status: _____

Citizenship: _____ Citizenship No: _____

Mailing Address:

Telephone (Mobile): _____ (Office): _____

Email:

How did you hear about the FMDS Franchise Program/Curriculum License Program?

E D U C A T E .

M O T I V A T E .

C U L T I V A T E .

2. Educational Qualifications

From (Month/Year)	To (Month/Year)	Institution Name	Highest Qualification	Year of Graduation



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3. Work Experience & Employment History

Do you have any prior experience in the education industry? Yes / No

If "Yes" please provide details:

Entity:

Years in Operations:

Country of operation:

Student Strength: Annual Turnover:

Types of Programmes offered:

Types of Certification Offered:

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EDUCATE .

4. Ownership & Operations

Will the franchise operations be owned by you or a group? Self / Group

If "Group" ownership, please provide details on the shareholdings:

Name / Institution: % Ownership:

Name / Institution: % Ownership:

Amount of available capital: (Please state currency)

Please state any other avenues of excess funds apart from those above.

MOTIVATE .

CULTIVATE .

The information contained in this statement is provided for the purpose of obtaining or maintaining a franchise to use the trade names, trademark, systems and other intellectual property of the franchisor on behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned is authorized to execute a guarantee. The undersigned understands that the franchisor is relying on the information provided herein in deciding to grant the rights. The undersigned represents and warrants that the information provided is true and complete and that the franchisor may consider this statement as continuing to be true and correct until a written notice of a change is given to the franchisor by the undersigned. The franchisor is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.



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SCH. REG. NO: 52952116D
CO. REG. NO: 200517638C

Signature of Applicant

Date