|  |  |  |
| --- | --- | --- |
| 1 | Full name of legal entity |  |
| 2 | CEO/Manager |  |
| 3 | Address (street, town/city, postal code, country) |  |
| 4 | Phone |  |
| 5 | Fax |  |
| 6 | e-mail |  |
| 7 | http:// |  |
| 8 | Company identification number |  |
| 9 | TIN |  |
| 10 | Contact person  |  |
|  | a) | Phone |  |
|  | b) | Fax |  |
|  | c) | e-mail |  |
| 11 | Status: |  |
|  | a) | You already operate a franchise |  |
|  | b) | You wish to become a franchisor (to develop your business into a franchise concept) |  |
|  | c) | You wish to become a franchisee (to buy a franchise brand) |  |
| 12 | Date of incorporation |  |
|  13. Please provide a summary of your business: |

1. What are the comparative advantages of your business concept over your competitors?
2. Can those advantages be demonstrated in a comparative performance analysis and, if so, what kind of analysis?
3. Do you have relevant data on the market in which you operate? If so, which ones?
4. When did you last conduct a market survey concerning your business activity and what kind of market survey was it?
5. Have you developed your brand in precise detail and is it legally protected?
6. Have you defined your corporate identity and corporate design?
7. Have you developed a Test Facility / Pilot Unit? If so, when and where?
8. Do you already have a standard franchise agreement? How many years does its term cover?
9. Which requirements would your ideal franchisee have to meet?
10. What are the goals of your franchise concept (territorial expansion schedule)?
11. How much would the franchisee have to invest to implement your concept?
12. What form of support will/does your business/company offer other than the basic business concept (please circle the letter in front/add text as appropriate):
	1. *Financial*
	2. *HR*
	3. *Consulting*
	4. *Trainings*
	5. *Analytics*
	6. *Marketing*
	7. \_\_\_\_\_\_\_\_\_\_\_ (other)
13. Do you have the following (please circle the letter in front/add text as appropriate):
	1. *Operations Manual*
	2. *Training Manual*
	3. *Graphic Standards Manual*
	4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other)

Please send your completed Questionnaire to the CCIS at: marica.vidanovic@pks.rs and/or info-fransizing@pks.rs