



ENHANCED FRANCHISE DEVELOPMENT PROGRAM (EFDP)

FRANCHISE AGREEMENT REIMBURSEMENT (FAR)

APPLICATION FORM

1. APPLICATION CRITERIA

- i. Incorporated under the Companies Act 1965
- ii. **Franchisor and Master Franchisee** must be registered under the Registrar of Franchise (RoF), KPDNKK. However, home-grown franchisor will be given priority.
- iii. **Ordinary Member** of Malaysian Franchise Association (MFA)
- iv. At least 60% owned by Malaysian
- v. An active franchise business entity with at least 12 months in operation with a latest Audited Financial Statements (for the most current financial year. e.g. 2014 financial statement ending 31 December 2014 for application in 2015);
- vi. Priority will be given to franchisors with annual sales turnover not exceeding **RM40 million** (based on the latest Audited Financial Statement)
- vii. Completed application forms and attachments must reach the Secretariat before 29th March or 30th October at the address below

**SECRETARIAT
FRANCHISE EXPORT COMMITTEE (FRANEX)
PERSATUAN FRANCAIS MALAYSIA
1st Floor, Wisma Motor, No. 339, Jalan Tuanku Abdul Rahman
50100 Kuala Lumpur, Malaysia
(U/P: En. Wan Muhammad Zainal Wan Yahya)**

For further enquiries please contact En. Wan Muhammad Zainal Wan Yahya at 03-2697 1557 or e-mail at zainal@mfa.org.my

2. TERMS AND CONDITIONS

- i. Must at least have one outlet abroad operated by appointed franchisee or master franchisee
- ii. Franchise may claim for franchise agreement made from 2014, 2015 and 2016 only.
- iii. Franchisor may claim for Franchise Agreement from 2013. However a deduction of 5% will be given for registration made on 2013.
- iv. Agreement shall be a Franchise Agreement. Licensing and other Joint-Ventures agreement is not eligible.
- v. Franchisor is encourage to hire lawyer endorsed by MFA. These lawyers have an extensive international network. From 2016, all franchisors are required to only use MFA’s Pool of Lawyers.
- vi. Reimbursement is based on quantum basis. (Please refer to the Performance Based Incentives (PBI) table)
- vii. Outlet must be active and operational during this reimbursement request is made. Franchisor must show proof of operational outlet (Audited Account, Management Account, Latest Receipts, Pictures, etc)
- viii. Franchisor must submit original receipt for Franchise Agreement. (Copies of receipt is unacceptable)
- ix. A 5% processing fee will be deducted directly from reimbursement value.
- x. This fund is available based on first come, first serve basis and subject to availability of fund.

3. INFORMATION TO BE ATTACHED

- i. Completed Application Form
- ii. A copy of approval certificate of Registrar of Franchise (BAF3) or relevant document.
- iii. A copy of audited account statement for year 2012, 2013 and 2014.
- iv. A copy of Form 9 / 24 (SSM)
- v. Proof of operation of outlets (Receipts, Audited Account for the outlet, Latest Pictures, Utility Bills)
- vi. Original Receipts of Franchise Agreement registration. (Photo Copies and scanned receipt will not be accepted)
- vii. A copy of MFA Membership Certificate

4. APPLICATION FILE FORMAT

i. Front Page Cover

Front page must be filled with the details below:

- Name Of Company :
- Brand :
- Name of PIC:
- Designation :
- Office phone number :
- Mobile number :
- Email Address :

ii. Filing Information

- i. Type : Ring File A4
- ii. File Color : White
- iii. File size : 25mm
- iv. Quantity : 2 copies for each application

iii. File Sections

- i. Section 1 : Application Form
- ii. Section 2 : Attached Information as In Item 3
- iii. Section 3 : Other Documents

5. FRANCHISE AGREEMENT (FA) REIMBURSEMENT INFORMATION

Performance Based Incentives Table

STATUS	TERMS	REIMBURSEMENT VALUE
Pioneer	New Int. Franchisor	30%
	New Country	30%
Normal	Country 1	30%
	Country 2	20%
	Country 3	15%
	Country 4	10%
	Country 5	7%

i. **Pioneer Status**

1. **New International Franchisor** – Franchisor who had just penetrated its first international country.
 2. **New Country** – Franchisor who had just penetrated new country. (i.e Poland, Argentina)
- ii. For **Franchise Agreement Reimbursement (FAR)**, this incentive only covers amount up to RM150,000 or whichever is lower.
 - iii. List of new country can be found in MFA's website (www.mfa.org.my), under FRANEX section.
 - iv. Franchisor shall be reimbursed, once the master franchisee / franchisee had commenced operation.

FRANCHISE AGREEMENT REIMBURSEMENT APPLICATION FORM

A. FRANCHISE BUSINESS INFORMATION

- 1. Company's Name:
2. Date of Company Registration (Roc):
3. Company's Address:
4. Name of Contact Officer:
5. Tel No: Mobile No: Fax No: E-Mail Address:
6. MFA's Member
7. Product Brand:
8. Product Classification:
9. Date of Franchise Registration (Registrar of Franchise):
10. Place of Origin Brand Been Developed:
11. Authorized Capital: RM.
12. Paid-Up Capital: RM.
13. Equity Holder: Bumiputera [%] ; Non-Bumiputera [%]
14. Bank details

Please ATTACH supporting document for all the above information.

B. INTERNATIONAL OUTLET FRANCHISE INFORMATION

1. International Outlet Growth

Year	Total No. of Outlets At The Beginning of The Year	Total No. of New Outlet in Current Year	Total No. of Outlet Closed	Total No. of Outlets At The End of The Year
2013				
2014				
2015				

2. Growth of Franchisee’s Outlet Overseas

Year	Total No. of Outlets At The Beginning of The Year	Total No. of New Outlet In Current Year	Total No. of Outlet Closed	Total No. of Outlets At The End of The Year
2013				
2014				
2015				

3. Number of International Franchisee

Year	No. of Franchisee Appointed At The Beginning of The Year	Total No. of Franchisee Appointed in Current Year	Total No. of Franchisee Terminated	Total No. of Franchisee Appointed At The End of The Year
2013				
2014				
2015				

4. International Countries

Month / Year	Name of Country	Number of Outlets as of December 2014	Number of Franchisee/Master Franchisee	Mode of Entry (Franchising/Join-Venture/ Licensing / Corporate Owned)

C. Please ATTACH the following information:

- i. International Master Franchise & Franchisee Name for each country and area
- ii. International outlet location
- iii. Date of operation for each outlet
- iv. Business address for each outlet
- v. Email address and phone number for each outlet mentioned above
(Important: The phone number and email address must be contactable for verification process)

D. INTERNATIONAL SALES INFORMATION

YEAR	TOTAL SALES (INTERNATIONAL)	FEES COLLECTION		SALES FROM FRANCHISEE'S OUTLET
		OTHER FEE	FRANCHISE FEE	
2013	RM	RM	RM	RM
2014	RM	RM	RM	RM
2015	RM	RM	RM	RM

Sila LAMPIRKAN **Penyata Kewangan** syarikat yang telah diaudit untuk pengesahan
Please ATTACH the company's audited **Financial Statement** for verification

E. FRANCHISE AGREEMENT REIMBURSEMENT INFORMATION**1. PIONEER STATUS****i. INTERNATIONAL FRANCHISOR – 30% Reimbursement Rate
(For first time franchisor who expended internationally)**

- a. Name of Country : _____
- b. Name of Master Franchisee /
Franchisee : _____
- c. Contact Details
(Phone, Mobile and e-mail
address) : _____
- d. Nature of Business : _____
- e. Date of First Outlet Operation : _____
- g. Date of Franchise Agreement : _____
- h. Name of Legal Firm: _____
- i. Cost of Franchise Agreement
(USD / RM) : _____

**ii. NEW COUNTRY – 30% Reimbursement Rate
(For any international country who are yet to be penetrated by Malaysian franchisor))**

- a. Name of Country : _____
- b. Name of Master Franchisee /
Franchisee : _____
- c. Contact Details
(Phone, Mobile and e-mail
address) : _____
- d. Nature of Business : _____
- e. Date of First Outlet Operation : _____
- g. Date of Franchise Agreement : _____
- h. Name of Legal Firm: _____
- i. Cost of Franchise Agreement
(USD / RM) : _____

2. NORMAL STATUS

i. COUNTRY 1 – 30% Reimbursement Rate

- a. Name of Country : _____
- b. Name of Master Franchisee / Franchisee : _____
Contact Details _____
- c. (Phone, Mobile and e-mail address) _____
- d. Nature of Business : _____
- e. Date of First Outlet Operation : _____
- f. Date of Franchise Agreement : _____
- g. Name of Legal Firm: _____
- h.. Cost of Franchise Agreement (USD / RM) : _____

ii. COUNTRY 2 – 20% Reimbursement Rate

- a. Name of Country : _____
- b. Name of Master Franchisee / Franchisee : _____
Contact Details _____
- c. (Phone, Mobile and e-mail address) _____
- d. Nature of Business : _____
- e. Date of First Outlet Operation : _____
- f. Date of Franchise Agreement : _____
- g. Name of Legal Firm: _____
- h.. Cost of Franchise Agreement (USD / RM) : _____

iii. COUNTRY 3 – 15% Reimbursement Rate

- a. Name of Country : _____
- b. Name of Master Franchisee / Franchisee : _____
Contact Details _____
- c. (Phone, Mobile and e-mail address) _____
- d. Nature of Business : _____
- e. Date of First Outlet Operation : _____
- f. Date of Franchise Agreement : _____
- g. Name of Legal Firm: _____
- h.. Cost of Franchise Agreement (USD / RM) : _____

iv. COUNTRY 4 – 10% Reimbursement Rate

- a. Name of Country : _____
- b. Name of Master Franchisee / Franchisee : _____
Contact Details _____
- c. (Phone, Mobile and e-mail address) _____
- d. Nature of Business : _____
- e. Date of First Outlet Operation : _____
- f. Date of Franchise Agreement : _____
- g. Name of Legal Firm: _____
- h.. Cost of Franchise Agreement (USD / RM) : _____

v. COUNTRY 5 – 7% Reimbursement Rate

- a. Name of Country : _____
- b. Name of Master Franchisee / Franchisee : _____
- c. Contact Details (Phone, Mobile and e-mail address) : _____
- d. Nature of Business : _____
- e. Date of First Outlet Operation : _____
- f. Date of Franchise Agreement : _____
- g. Name of Legal Firm: _____
- h.. Cost of Franchise Agreement (USD / RM) : _____

I hereby declare that all the information that I submitted in this application form for Franchise Agreement Reimbursement (FAR) is correct and accurate.

.....
 (Signature)
Name :
Designation :
Date :



(To be verified and signed by the the designated duty authorized officer of the company).