

# MELS® LEARNING SYSTEM LICENSING APPLICATION FORM

THANK YOU FOR ENQUIRING ABOUT A LICENSING OPPORTUNITY WITH MELS®. PLEASE COMPLETE EACH SECTION OF THIS APPLICATION IN FULL. WHERE SECTIONS/ QUESTIONS ARE NOT APPLICABLE ENTER "N/A". PLEASE ATTACH ADDITIONAL PAGES WHERE REQUIRED. FALSE OR MISLEADING STATEMENTS MADE ON THIS FORM ARE GROUNDS FOR TERMINATING YOUR APPLICATION, TRAINING, OR IF GRANTED, LICENSEE. THIS IS NOT AN EMPLOYMENT CONTRACT OR FRANCHISE AGREEMENT. SUBMITTING THIS FORM DOES NOT OBLIGATE YOU OR MELS (E-LEARN DOT COM SDN BHD) IN ANY WAY.

## PERSONAL DATA

TITLE:	FIRST NAME:	LAST NAME:
ADDRESS:		POST CODE:
CONTACT TELEPHONE NUMBER(S):	EMAIL ADDRESS:	
IC NUMBER:	DATE OF BIRTH:	

## EDUCATION

	NAME & LOCATION	QUALIFICATION	SUBJECT(S) MAJORED	DATES ATTENDED
COLLEGE/ UNIVERSITY				
SECONDARY				
PROFESSIONAL OR ADDITIONAL SKILLS AND TRAINING				

## FOR OFFICE USE

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EMPLOYMENT

JOB TITLE AND COMPANY NAME	DESCRIPTION OF DUTIES	FROM / TO  REASON FOR LEAVING
JOB TITLE AND COMPANY NAME	DESCRIPTION OF DUTIES	FROM / TO  REASON FOR LEAVING
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BUSINESS

HAVE YOU EVER OWNED A LICENSING BUSINESS/FRANCHISE? [ YES / No ]

HAVE YOU EVER RUN A SMALL BUSINESS ? [ YES / No ]

IF "YES" TO EITHER, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME & ADDRESS OF FRANCHISE / BUSINESS	BRIEFLY OUTLINE YOUR ROLE AS A LICENSEE/FRANCHISEE/ IN THE BUSINESS	IS THE LICENSING/FRANCHISE/ BUSINESS STILL OPERATIONAL?
WHICH LOCATION(S) ARE YOU INTERESTED IN FOR MELS?		
BRIEFLY OUTLINE HOW YOU WILL BE FINANCING THE BUSINESS.		
WHEN WOULD YOU BE ABLE TO START THE BUSINESS?		

FOR OFFICE USE

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FOR OFFICE USE

PLEASE OUTLINE WHAT EXPERIENCE YOU HAVE OF WORKING WITH CHILDREN.

EXPLAIN WHAT SKILLS, EXPERIENCE AND/OR QUALITIES WOULD HELP YOU RUN A SUCCESSFUL SMALL BUSINESS.

PLEASE USE THE SPACE BELOW TO TELL US WHY YOU SHOULD BE CONSIDERED AS A POTENTIAL LICENSEE OF MELS, AND ANY OTHER INFORMATION YOU FEEL MAY AFFECT YOUR APPLICATION.

DO YOU HAVE ANY CRIMINAL CONVICTIONS? IF SO, PLEASE DETAIL.

DO YOU HAVE LAWSUIT PENDING?

HOW DID YOU LEARN OF OUR ORGANIZATION?

PRESS ADVERTISEMENT \_\_\_\_\_ A FRIEND \_\_\_\_\_ WEBSITE \_\_\_\_\_ OTHER (PLEASE SPECIFY.) \_\_\_\_\_

BY SIGNING BELOW YOU ARE:

1. APPLYING TO E-LEARN DOT COM SDN BHD TO BE CONSIDERED FOR TRAINING TO OPEN A MELS LEARNING CENTRE/ KINDERGARTEN. THIS FORM DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT OR GUARANTEE A FRANCHISE. THE FORM WILL BE KEPT ON FILE FOR 12 MONTHS.
2. CONFIRMING THAT THE INFORMATION THAT YOU HAVE PROVIDED IS COMPLETE AND CORRECT. YOU ALSO RECOGNIZE THAT ANY FALSE OR MISLEADING STATEMENTS ARE GROUND FOR THE WITHDRAWAL OF AN OFFER TO TRAIN OR OF YOUR LICENSING AGREEMENT(S) IF GRANTED.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_