

Declaration of accession to the POF (Polish franchisor organization)



| | | | |
|---|--|--------------------------------|--|
| 1. Full company name | | 2. Brand of the network | |
| 3. Person managing the company (Name, surname, function/position) | | | |

| | | | | | |
|--|----|---------------|----|---------------|----|
| 4. Person(s) authorized to represent the company in the organization and/or incur financial obligations (Name, surname, function/position) | | 1. | | | |
| | | 2. | | | |
| | | 3. | | | |
| phone | 1. | mobile | 1. | e-mail | 1. |
| | 2. | | 2. | | 2. |
| | 3. | | 3. | | 3. |

| | | | |
|---|---------------|-------------|-------------|
| 5. Company address (street, code, city) | street | code | city |
| | | | |
| website | | fax | |

| | | | |
|---|--|---|--|
| 6. Tax Identification Number (NIP) | | 7. Form of system development (please circle the correct one or complete) | 1. franchise 2. agency 3. other (what?) |
| 8. PKD symbol of the main activity | | 9. Number of persons employed under a contract of employment | |
| 10. Gross revenue in the last year | | 11. Gross profit in the last year | |
| 12. Start date and description of the activity | | | |

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|--|---|---|--|
| 13. Status of franchisor (please circle the correct one) | 1. own franchise 2. Master franchise for the area of Poland 3. foreign franchisor company 4. other (what?) | | |
| 14. Number of own units | | 15. Date and place of start-up of the first own unit | |
| 16. Number of franchise units at the end of | 2018 - 2019 - 2020 - 2021 - (current) | 17. Date and place of launch of the first franchise unit | |
| 18. Current number of franchisees | | | |

I declare that I know the conditions for joining the Polish Franchise Organization and I undertake as a member of POF to comply with the provisions of the POF Statute and the European Code of Ethics for Franchise Granting and to pay an initial fee of PLN 1000.00 (one-off cost) and to pay annual membership fees in the amount of PLN 2500.00.

.....
city, date

.....
stamp

.....
name and surname of the authorized person