

Declaration of accession to the POF (Polish franchisor organization)



1. Full company name		2. Brand of the networki	
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. 2. 3.	mobile	1. 2. 3.
		e-mail	1. 2. 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 complet)	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			
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	2019 - 2020 - 2021 - 2022 - (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