



Application for Additional Information

In addition to requesting additional information, this application is used for purchasing a new franchise, an additional franchise, or the purchase and transfer of an existing store. The filing of this form does not obligate the applicant to purchase or the franchisor to sell a franchise or location.
Complete in full and do not use abbreviations. Please print clearly or type.

DA Name _____
 DA # _____
 Sales Manager _____
 Disclosed Date _____

OFFICE USE ONLY

YOUR PERSONAL INFORMATION

Date _____ Where did you hear about the SUBWAY® franchise? _____

Name First/Given _____ Last/Surname _____ Citizen of _____

Date of Birth _____ Tax ID/Social Security Number* _____ Gender Male Female

Other names you are known by _____ Are you of legal age? Yes No

Have you ever been convicted of a felony or its equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been associated directly or indirectly with terrorist activities? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a judgment been filed against you or have you been involved in any litigation proceeding within the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, on a separate sheet of paper provide the following for each proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)
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Telephone (Home) _____ (Fax) _____ (Mobile) _____
Area code / country & city code Area code / country & city code Area code / country & city code

Residence Address _____ Apartment/Suite _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Email address _____

SPOUSE PERSONAL INFORMATION (Use a Separate Application for Partners)

Spouse's Name _____ Citizen of _____

Date of Birth _____ Tax ID/Social Security Number* _____ Gender Male Female

Other names known by _____ Are you of legal age in your State/Province/Residence Area? Yes No

Have you ever been convicted of a felony or its equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been associated directly or indirectly with terrorist activities? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a judgment been filed against you or have you been involved in any litigation proceeding within the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, on a separate sheet of paper provide the following for each proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)
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EDUCATIONAL BACKGROUND

Highest Education Achieved	Schools Attended	Years	Grade or Degree Attained
<input type="checkbox"/> College Degree or higher <input type="checkbox"/> Some College <input type="checkbox"/> High School/GED <input type="checkbox"/> Didn't Complete High School	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

BUSINESS INFORMATION (Complete All Questions)

Self Employed Employed by _____

No. Years _____ Nature of Business _____

Title _____ Describe Position _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone (Bus.) _____ Telephone (Alt.) _____
Area code / country & city code Area code / country & city code

Select Your Business Experience Level

Restaurant Management

Other Business Management

Restaurant Non Management

No Business Experience

May we contact you at work? Yes No

List all restaurant & food service businesses in which you have an ownership interest:

FINANCIAL INFORMATION (Please List Figures in US Dollars)

Income from current occupation \$ _____ /year Income from other sources \$ _____ /year Please explain other income _____ Personal Bank(s) /Branch _____ Address _____ _____ _____ _____	<table style="width: 100%;"> <tr> <td>Individual Liquid Assets (Cash, Stocks, etc.)</td> <td style="text-align: right;">a) _____ *</td> </tr> <tr> <td>Individual Fixed Assets (Home, Car, etc.)</td> <td style="text-align: right;">b) _____ *</td> </tr> <tr> <td>Individual Total Assets</td> <td style="text-align: right;">(a + b) c) _____ *</td> </tr> <tr> <td>Individual Liabilities (Mortgages, Loans, etc.)</td> <td style="text-align: right;">d) _____ *</td> </tr> <tr> <td>Your Individual Total Net Worth <small>Excluding any financing listed below</small></td> <td style="text-align: right;">(c - d) e) _____ *</td> </tr> </table> <p>Would this business be your sole income source? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there other financing not included in (e) above? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much financing is available? _____ *</p>	Individual Liquid Assets (Cash, Stocks, etc.)	a) _____ *	Individual Fixed Assets (Home, Car, etc.)	b) _____ *	Individual Total Assets	(a + b) c) _____ *	Individual Liabilities (Mortgages, Loans, etc.)	d) _____ *	Your Individual Total Net Worth <small>Excluding any financing listed below</small>	(c - d) e) _____ *
Individual Liquid Assets (Cash, Stocks, etc.)	a) _____ *										
Individual Fixed Assets (Home, Car, etc.)	b) _____ *										
Individual Total Assets	(a + b) c) _____ *										
Individual Liabilities (Mortgages, Loans, etc.)	d) _____ *										
Your Individual Total Net Worth <small>Excluding any financing listed below</small>	(c - d) e) _____ *										

*Type of Currency _____

*Optional for additional information purposes but required to begin the process of the purchase and transfer of an existing location. Also note: it will be required prior to the purchase of a new franchise. SUBWAY® is a registered trademark of Doctor's Associates Inc. ©2010 Doctor's Associates Inc.

REFERENCES (Excluding Relatives)

Name	Address	Telephone (area/country & city code)

PARTNERS (All partners should fill out a separate application)

Will you have partner(s)? Yes No If not, you may skip this section. Otherwise, please complete all relevant sections below:

Partner's Name	First	Last	Middle Initial	% Ownership	<input type="checkbox"/> Active	<input type="checkbox"/> Silent	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Partner's Name					<input type="checkbox"/> Active	<input type="checkbox"/> Silent	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Partner's Name					<input type="checkbox"/> Active	<input type="checkbox"/> Silent	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Partner's Name					<input type="checkbox"/> Active	<input type="checkbox"/> Silent	<input type="checkbox"/> Male	<input type="checkbox"/> Female

To include a partner's financial information, ensure they complete a separate application for additional information

RESTAURANT OPERATIONS

If qualified, when will you invest in a franchise?

- Now
- Within 6 months
- 6 months to 1 year
- More than 1 year

How involved will you be in operating the restaurant?

- 0% Not involved at all
- 50% Somewhat involved
- 100% Completely involved

Preferred Country of Interest: (If different from your country of residence)

Estimated training date should you choose to invest: _____

I understand that the granting of a franchise is at the sole discretion of the Franchisor (Doctor's Associates Inc., Subway Franchise Systems of Canada, Ltd., Subway International, B.V, Subway Systems do Brasil Ltda., Subway Partners Colombia, C.V., Subway Systems India, Private Limited, Sandwich and Salad Franchises of South Africa, (Pty) Ltd, Subway Systems Australia, Pty. Ltd. or its affiliate).

I understand that any information I receive from the Franchisor or from any employee, agent or franchisee of the Franchisor or its affiliate is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorize the Franchisor or its designee to procure an investigative consumer report, a general background search and an investigation in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the US Government (collectively referred to as "Investigations"). I understand that these Investigations may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness, litigation history and job performance (collectively referred to as "Investigation Data"). I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of these Investigations. I hereby release any representative of the Franchisor or its affiliate, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its affiliates, officers, agents, employees, and/or servants (collectively referred to as the "Investigator") from any liability arising from the preparation of these Investigations.

This authorization for release of information includes but is not limited to matters of opinion relating to Investigation Data. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to the Investigator. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

US, PUERTO RICO, GUAM AND CANADA

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of a SUBWAY® franchise from Franchisor, pursuant to the laws of Connecticut, USA* and by binding arbitration only. The arbitration shall be administered by an arbitration agency, such as the American Arbitration Association ("AAA") or the American Dispute Resolution Center, in accordance with its administrative rules including, as applicable, the Commercial Rules of the AAA and under the Expedited Procedures of such rules or under the Optional Rules For Emergency Measures of Protection of the AAA. I agree that arbitration will be held in Bridgeport, Connecticut, USA*, conducted in English and decided by a single arbitrator.

* If I am a resident of Canada, Ontario laws will apply, unless I am a resident of Alberta or Prince Edward Island, in which case local provincial law will apply.

+ If I am a resident of Ontario, I agree that arbitration will be held under the Ontario Arbitrations Act in Toronto, Ontario, Canada. If I am a resident of Alberta, I agree that arbitration will be held under the Alberta Arbitrations Act in Calgary, Alberta. If I am a resident of Prince Edward Island, I agree that arbitration will be held under the Prince Edward Island Arbitration Act, in Charlottetown, Prince Edward Island.

EUROPE, LATIN AMERICA, US VIRGIN ISLANDS, ASIA, SOUTH AFRICA, MIDDLE EAST, AUSTRALIA AND NEW ZEALAND

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of a SUBWAY® franchise from Franchisor (the "Dispute"), pursuant to the laws of Liechtenstein* and by binding arbitration only. The arbitration will be held in accordance with the United Nations Commission on International Trade Regulations and Law (UNCITRAL) Arbitration Rules administered by an arbitration agency, such as the International Centre for Dispute Resolution, an affiliate of the American Arbitration Association. I agree that arbitration will be held in New York, New York, USA*, conducted in English and decided by a single arbitrator.

* If I am a resident of Germany, the Netherlands law will apply. If I am a resident of Brazil, Colombia, Ecuador, Mexico, Egypt, India, the Philippines or Thailand, local laws will apply. If I am a resident of South Africa, the laws of Connecticut, USA will apply. If I am a resident of Australia, the laws of Queensland will apply.

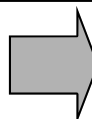
+ If I am a resident of Argentina, Austria, Belgium, Brazil, Colombia, Ecuador, Egypt, Liechtenstein, or Thailand, arbitration will be held in my country. If I am a resident of Australia, I agree to non-binding mediation of the Dispute prior to filing for arbitration, which will be conducted in Australia under the auspices of a mediation service from my State or Territory that the Franchisor and I mutually agree upon. If I am a resident of Brazil, arbitration will be administered by the Mediation and Arbitration Chamber of São Paulo. If I am a resident of Germany, arbitration will be held in the Netherlands. If I am a resident of South Africa, arbitration will be held in Connecticut, USA. I further agree that if the Dispute is not resolved through the mediation process, arbitration will be held in Queensland under the UNCITRAL Arbitration Rules to be administered by an arbitration association, such as the American Arbitration Association or the Institute of Arbitrators or Mediators Australia.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand, and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English exam. I understand that I will be required to provide proof of amounts listed as Liquid Assets above by providing copies of my bank statements for the past six (6) months as verification.

Date _____ Applicant's Signature (required) _____

Date _____ Spouse's Signature (required) _____

**Submit your completed application
in one of 3 convenient ways listed:**



Online: <http://www.subway.com/apply>
By Fax: 1.203.783.7336
By Mail: SUBWAY Headquarters
 Attn: Franchise Sales
 325 Bic Drive, Milford, CT 06461 USA