

Franchise Applicant Personal Information Form

Please complete all sections of this form in block capitals. This document is prepared for printing and manual record-keeping.

1. Personal Details

First Name: Last Name:
Date of Birth (DD/MM/YYYY): Country of Citizenship:

2. Contact Information

Phone Number: Email Address:
Street Address:
City: State / Province:
Zip / Postal Code: Country:

3. Professional & Financial Background

Current Occupation: Current Employer:
Available Liquid Capital: Estimated Net Worth:
Years of Business Management Experience: Have you owned a franchise before? (Yes/No):

4. Proposed Franchise Details

Desired Territory / City for Franchise: Intended Timeframe to Invest:
Will you have business partners? (Yes/No):

5. Signature and Date for Print

By signing below, the applicant certifies that the information provided in this form is true and accurate to the best of their knowledge.

Applicant Signature (Write in space provided): Date: