

INITIAL APPLICATION FORM



(IAF 001)

Confidentiality: - completion of this form does not place you under any obligation to invest in Kingsmaid Franchise. The details requested are to help us evaluate your potential as a franchisee. Neither does this form constitute an acceptance as a franchisee and the details provided will not be communicated to a third party.

PERSONAL DETAILS:

Surname:	First Name:
Date of Birth:	Email address:
Telephone (Home):	Telephone (Mobile):
Current Address:	
Town/City	Postcode:
Marital Status:	Full Name of Spouse:
Occupation of Spouse:	Number of Dependant Children:
Do rent or own your own home?	Liquid Capital Available:

WORK EXPERIENCE:

Current Occupation:
Company Name:
Length of time in this role:
Brief description on your previous experiences and key skills:

THE KINGSMROID FRANCHISE:

Where did you hear about Kingsmaid?
What franchise area are you interested in?
When would you be in a position to start your business?
How long have you been looking at buying a franchise?
Are you looking at other franchise opportunities?

All of the information I have supplied in this application is true and a complete statement of the facts. Any false statement will constitute sufficient cause for dismissal.

SIGNED:

DATE: