

# 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:**