



Franchisee Application Form

This information is confidential. We will not contact your present employer without your consent.

Name: _____

Company Name (if applicable):

Name: _____

Home telephone: _____ Business telephone: _____

Mobile: _____

Email: _____

Home address: _____

Birth date (day / month / year): _____

Passport Number / National Identity Number: _____

Former addresses for the past 5 years:

1. _____

2. _____

3. _____

4. _____

5. _____



Personal Information

Relationship (please delete as appropriate):

Single Separated Married Long term partner

Dependents

Children: Yes / No Number:

Housing (please delete as appropriate)

Home owner Renting Live with parents/relatives Other

If other please describe:

Physical limitations or health concerns: _____



Educational Record

Please list all relevant qualifications, include dates and places of study:

Dates	Place of Study	Qualifications



Employment History

Dates	Employer	Position + Duties	Salary



Business Experience

Have you ever owned your own franchise or other type of business? If so, give the following details:

Business 1 name: _____ How long owned? _____

Was this business a franchise? _____

Address: _____

How many employees? _____

Type of business: _____

Describe how the business changed over the time you owned it. _____

Business 2 name: _____ How long owned? _____

Address: _____

How many employees? _____

Type of business: _____

Describe how the business changed over the time you owned it. _____



Financial Information

Please write a supporting statement that covers the following areas:

- How will you support yourself whilst the business starts up?

- Where will you get the money for the initial fee and initial investment into the business?

- How much money do you need to support yourself and how soon do you need the business to be paying you that much?

- Will you have any other jobs/business' or income whilst you run the business?



Supporting Statement:

Please describe why you think you would make a good Polestars franchisee, demonstrate to us here why you will run a successful business and that you understand our brand.



What legal form will your company take? : (Ltd Company, Partnership, Sole Trader etc)

When do you want to start your franchise operation?

References

Business / Employment References

Name:
Relationship:
Address:
Years Known:
Contact Details:

Name:
Relationship:
Address:
Years Known:
Contact Details:

Character References (other than employers or relatives)

Name:
Relationship:
Address:
Years Known:
Contact Details:

Name:
Relationship:
Address:
Years Known:
Contact Details:



I certify that the enclosed information as given is complete and correct.

Applicants Signature

Date

It is understood that the purpose of this questionnaire is to gather general information and is in no way binding upon either the company or the applicant. It is, however, understood that the applicant supplies the information contained herein to the best of his or her knowledge and ability and that the company relies on this fact in assessing the desirability and qualifications of the applicant.

Please fill in this form and return it to Heath Gardiner, List of Life Ltd, 54 Eurolink Business Centre, 49 Effra Road, Brixton, London SW2 2LJ / heath@listoflife.com