

barenaked

BODY SUGARING SALON
brows | body | brazilian

CONFIDENTIAL QUESTIONNAIRE

THE START-UP OF THE BARENAKED REQUIRES EVALUATION AND FILLING UP THIS FORM WITH ALL NEEDED INFORMATION IS A BIG STEP IN THIS PROCESS. ALL INFORMATION WILL BE TREATED 100% CONFIDENTIAL AND DOES NOT OBLIGATE YOU IN ANYWAY. FAX THIS TOGETHER WITH YOUR LETTER OF INTENT TO 921.1599

APPLICANT'S PERSONAL INFORMATION

Name: _____
Business Address: _____
Telephone: (____) _____ Facsimile: (____) _____ E-Mail _____
Home Address: _____
Telephone: (____) _____ Facsimile: (____) _____ E-Mail _____
Date of Birth: ____/____/____ Place of Birth: _____
Civil Status: _____ Citizenship: _____
Course: _____ Year Graduated: _____

EMPLOYMENT BACKGROUND

Current Employment: _____
Job Title: _____ Annual Income Pesos: _____
Most Recent Employment: _____
Job Title: _____ Annual Income Pesos: _____

BUSINESS / PERSONAL REFERENCES

All needed information in this section should be filled-up completely.

Complete Name: _____
Job Title / Occupation: _____
Company Address: _____

Complete Name: _____
Job Title / Occupation: _____
Company Address: _____

FINANCIAL INFORMATION

NET WORTH (Assets minus Liabilities) Pesos _____
Experience in operating a business, If any _____

Do you operate any franchise, If yes, Please give details:

Please provide the complete address for your proposed site:

KINDLY ATTACH A LOCATION MAP OF YOUR PROPOSED SITE

Date: ____/____/____ Signature: _____