

Please complete all sections of this form (type or print clearly).
Return it immediately via email to hr@daalroti.ca
Your information will be held in strict confidence with no obligation to either party.
This is not a contract. Thank you.

Personal Information

/ / - -				
Last Name	First Name	Middle Name	Date of Birth	Social Insurance Number
Physical ADDRESS:				
Street		City	Prov	Postal Code
Mailing Address:				
Street		City	Prov	Postal Code
() -	() -	() -	() -	() -
Home Telephone	Work Phone	Mobile Phone	Fax Number	
When is the most convenient time to call?			E-mail address:	
Current Employer		Occupation & Title		
/ / - -				
Spouse's Full Name (if applicable)			Date of Birth	Social Insurance Number
Spouse's Current Employer		Spouse's Occupation & Title		
Names and ages of children (if applicable)				
Education				
High School	City, Prov		Highest Level Completed	Degree/ Certification
College (Undergraduate)	City, Prov		Highest Level Completed	Degree/ Certification
Other	City, Prov		Highest Level Completed	Degree/ Certification

Employment History

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Company	Address, City, Prov	Phone Number	Dates (From – To)
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Title	Responsibilities
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Company	Address, City, Prov	Phone Number	Dates (From – To)
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Title	Responsibilities
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Company	Address, City, Prov	Phone Number	Dates (From – To)
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Title Responsibilities

Do you or have you ever owned any business not listed above?

If yes, please list and provide a brief description:

What do you like most about any of your jobs or businesses?

What do you like least about any of your jobs or businesses?

What is your greatest achievement?

Your strengths are:

Your weaknesses are:

How would you rate your interest in owning a new business on a scale of 1 (low) to 10 (high)?

1 2 3 4 5 6 7 8 9 10

Financial Information

Do you own or rent your home? Own Rent Years at present address: Years in present City or Town:

Mortgage/Rent: \$ /month Mortgage/Rent payable to:

Do you own automobiles? Yes No If yes, what is the make, model, and year of each vehicle?

Have you ever declared bankruptcy? Yes No If yes, where and when?

What is your intended cash investment?

Do you have a financing source? Source: Method:

Assets

Cash on Hand and in Banks	\$
Canada Government Securities	\$
Listed Securities & Current Market Value	\$
Unlisted Securities	\$
Owned Automobiles & Personal Property	\$
Cash Value Life Insurance	\$
Retirement Plans & RSP's	\$
Real Estate Owned	\$
Other Assets	\$
Total Assets	\$

Liabilities

Notes Payable to Bank	\$
Unpaid Income Tax	\$
Real Estate Mortgages Payable	\$
Chattel Mortgages & Other Liens Payable	\$
Auto Liens Payable	\$
Other Debts Itemized	\$
Notes Payable	\$
Total Credit Card Debt	\$
Other Liabilities	\$
Total Liabilities	\$

Net Worth: \$

Income — Self

Current Annual Salary	\$
Bonus Income	\$
Interest Income	\$
Other Income	\$
Total Income	\$

Income — Spouse

Current Annual Salary	\$
Bonus Income	\$
Interest Income	\$
Other Income	\$
Total Income	\$

Net Income: \$

General Information

Do you plan to operate this business yourself? Yes No

If not, who will operate this business?

In order of preference, please list the areas where you would like to have your office: 1. City:

Prov

County:

2. City:

Prov

County:

3. City:

Prov

County:

4. City:

Prov

County:

5. Other:

Why do you wish to purchase a franchise rather than starting your own business or being employed by an existing company?

How do you view the role of you as the Franchisee?

How do you view the role of us as the Franchisor?

If your application is approved, when would you prefer to open your franchise?

How did you hear about us?

I certify that the information provided on this questionnaire is complete and accurate. I hereby authorize verification of the above information. It is understood that this is a preliminary application and does not bind any party with any obligation.

Signature

Date

Signature of Spouse

Date

NAME (PRINT)

NAME (PRINT)

FRANCHISE APPLICATION ACKNOWLEDGEMENT

Privacy Legislation deems that personal information collected by a corporation from any individual is considered confidential and may not be used or disclosed by the corporation for any purpose unless either the individual has consented to such disclosure or a legislative exception applies such that consent is not required. Your signature on this form constitutes consent for Daal Roti to:

1. Use the personal information contained in this form to consider your application and, if your application is accepted, for internal use and for use in any documents promoting Daal Roti franchise business.
2. Disclose the personal information contained in this form to any person, firm or corporation and collect additional personal information from such person(s), firm(s) or corporations(s) for the purposes of verifying the personal information contained in this form and determining whether or not you would be a suitable Daal Roti franchisee.

In particular, the undersigned acknowledges that an investigation may be made with respect to the personal information contained in this form and that further information may be gathered with respect to the undersigned's financial status. The undersigned authorizes his or her former employers, educational institutions, financial institutions and references to release personal information in their possession regarding the undersigned to Daal Roti. The undersigned voluntarily waives all recourse and releases Daal Roti from any claim or liability whatsoever in any way relating to such an investigation or to the use of the results of such an investigation. The undersigned also releases any person, firm or corporation providing personal information to Daal Roti. from any claim or liability whatsoever in any way relating to the information provided by them.

The undersigned further acknowledges that Daal Roti has many criteria for accepting a franchisee, and has the right to reject any applicant without itemizing the reasons for such rejection.

The undersigned certifies that this form has been completed fully and accurately, to the best of his or her knowledge, and that it includes true and accurate information concerning the financial condition of the undersigned as of the date hereof. Any false information or material omission in this form could result in the disqualification of the application from consideration and immediate termination of any agreement reached between the undersigned and Daal Roti if discovered after the application is accepted.

If an applicant's application is rejected, the applicant will be required to submit a new application if he/she wishes to re-apply Daal Roti confirms that it will comply with all applicable privacy legislation in the retention and destruction of such information.

DATED THE DAY OF _____, 20 _____

APPLICANT'S SIGNATURE APPLICANT'S NAME (please print)

SPOUSE'S SIGNATURE (if applicable) SPOUSE'S NAME (please print)