

**EBC Cosmetics Franchise Questionnaire**

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| **Full Name** |  |
| **Address** |  |
| **Tel Number** |  |
| **Email Address** |  |
| **Employment details over the last 5 Years (attach CV if possible)**  |  |
| **What has attracted you to this business?**  |  |
| **Do you have any experience of working within the cosmetics sector?** |  |
| **Do you have any business management experience?** |  |
| **Have you ever managed any staff?**  |  |
| **Have you ever owned a business?** |  |
| **Have you ever been involved in a business that failed/ceased trading?** |  |
| **Do you have any criminal convictions? If so, please provide details.** |  |
| **When do you wish to start your business?** |  |
| **Which areas would you like to start your franchise in?** | 123 |

***Confidentiality and Non-Disclosure***

*I acknowledge that EBC Cosmetics has a propriety interest in maintaining the confidentiality of any Confidential Information provided, and therefore by completing this questionnaire and returning it I agree that I will not disclose, use, or permit the use of the Confidential Information for any purpose except to evaluate EBC Cosmetics franchise. I also agree that the information that I have provided here will be used as part of the assessment process for my potential suitability as a franchisee and that the information provided is correct and accurate and in the event that it was subsequently found not to be so this could result in any franchise agreement entered into or offer made being withdrawn.*

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| **Name** |  |
| **Date**  |  |