

APPLICATION

Wee Watch's PERSONAL INFORMATION FORM (STRICTLY CONFIDENTIAL)

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone No. Bus. () _____ Home: () _____

Date of Birth: _____ Name of Spouse: _____

Social Insurance No: _____ Number of Dependents: _____ Age(s): _____

Organization /Affiliations: _____

Do you own or rent your own residence?: _____ Landlord or Mortgage Holder: _____

Make of Automobiles: _____ Year(s): _____

Have you ever been refused a bond?: _____ If yes, why?: _____

Have you ever gone through bankruptcy?: _____ When?: _____ Amount: _____

Bank Accounts: Chequing: _____ Savings: _____

Bank: Name/Address/Contact: _____

BUSINESS EXPERIENCE

Present occupation: _____ Position _____ Company _____

Describe functions, duties, number of employees supervised and responsibilities: _____

Spouse's occupation: _____ Position _____ Company _____

Previous Business Experience: (give exact names, addresses and dates) _____

DATES (most recent first) _____ Company _____ Position _____

1. from _____ to _____

2. from _____ to _____

3. from _____ to _____

GENERAL INFORMATION

How did you become interested in purchasing a Franchise? _____

EDUCATION

Circle last year of school completed: High School 1-2-3-4-5 College/University 1-2-3-4 _____

Name of High School and/or College/University _____ Degree: _____

Describe any experience in sales, management, or retailing: _____

PERSONAL FINANCIAL STATEMENT

Present Annual Income	\$
Salary	
Bonus and commissions	
Spouse's salary	
Real estate income	
Dividends	
Other income	
TOTAL \$	

What assets will be used to meet the cash requirements of the franchise?

ASSETS (nearest 000's)

Cash on hand and in banks	\$
Securities	
Accounts and notes receivable	
Sub-Total	
Real estate owned	
Automobiles/other personal property	
Other assets	
TOTAL ASSETS	

LIABILITIES (nearest 000's)

Credit cards	\$
Accounts and bills due – Unpaid taxes	
Loans	
Sub-Total	
Mortgages Amount	
Other debts	
TOTAL LIABILITIES	
NET WORTH (ASSETS – LIABILITIES)	

Have you ever been self-employed? Yes No If so, explain: _____

How much time could you devote to the business? _____

When would you be available to start the business? _____

PERSONAL REFERENCES (other than employers or relatives)

Name in Full	Occupation	Telephone Number	Years Known
1. _____			
Address _____			
2. _____			
Address _____			

BUSINESS REFERENCES

Name in Full	Occupation	Telephone Number	Years Known
1. _____			
Address _____			
2. _____			
Address _____			

I hereby represent and warrant that all of the information, financial and otherwise, disclosed in this Personal Information Form is true and correct to the best my knowledge and further covenant to notify Wee Watch in the event of any material change in the information furnished by me. I understand this information is to assist in evaluating the possibility of applying for and being granted a franchise. This form is not a contract or an application for a franchise.

Date: _____ Signature: _____

