



GARDEN CITY
BECKWITH
W. BROADWAY
SURREY
KELOWNA
CALGARY
EDMONTON
LANGLEY
PRINCE GEORGE
KAMLOOPS
ABBOTSFORD
NANAIMO

PERSONAL INFORMATION FORM

Name

Date

Please attach your curriculum vitae and Email your completed form to franchisesupport@eexit.ca.

1020 9111 Beckwith Rd. Richmond, British Columbia, Canada.
Phone: 604 999 9975
<http://eexit.ca>

FRANCHISE

All the information will be treated confidentially.
 This form is not an agreement and does not bind EXIT nor the person herein mentioned in any way.
 Each partner shall fill in the present form.

PERSONAL INFORMATION

Male Female

<i>Name</i>		<i>Occupation</i>		
<i>Address</i>				
<i>City</i>	<i>Province</i>		<i>Postal Code</i>	
<i>Home Phone</i>		<i>Office Phone</i>		
<i>Date of Birth (dd/mm/yy)</i>	<i>S.I.N.</i>		<i>Marital Status</i>	
<i>Spouse's Name</i>		<i>Occupation</i>		
Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Have you personally, or any company in which you were a partner, declared bankruptcy?</i>	<i>Explain</i>			
Excellent <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Weak <input type="checkbox"/>				
<i>Actual Health Status</i>				
<i>Explain if Weak or Acceptable</i>				
<i>Education Level</i>				
<i>Degree(s) obtained</i>				

Spoken Language(s)	Excellent	Good	Acceptable	Weak
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

How much capital do you want to invest?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Do you have a financing source?	
Do you have a partner? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill in your partner's information below.			
Partner's name	Date of Birth (dd/mm/yy)	S.I.N.	
Address	City, Province	Postal Code	

BUSINESS EXPERIENCE

Name of present employer		
Address		
City	Province	Postal Code
Position and Responsibilities		
Duration of employment: FROM TO		

Name of previous employer		
Address		
City	Province	Postal Code
Position and Responsibilities		
Duration of employment: FROM TO		

Have you owned a business previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what kind of business? Please Describe.		

A) BANKING INFORMATION

Please list all bank / trust company accounts in which you have accounts or credits.

Name and bank branch and/or trust	Balance of account	Loans	Due Date
1)			
2)			
3)			
4)			
5)			

B) ACCOUNTS, NOTES & LOANS RECEIVABLE

Name and address of debtor	Amount	Loan Type	Due Date
1)			
2)			
3)			
4)			
5)			

C) STOCKS, BONDS & SECURITY

Value and Number	Registered in the name of	Description	Cost	Actual Market Value	Past Year Income
1)					
2)					
3)					
4)					

D) LIFE INSURANCE

Name of insured person	Name of beneficiary	Insurance Company	Type of Policy	Book Value	Amount borrowed on policy
1)					
2)					
3)					
4)					

E) REAL ESTATE

All the rights and legal titles of any real estate listed below are completely owned by the undersigned.

<i>Address</i>		
<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Description of property</i>	<i>Purchase Date</i>	<i>Size (Sq. ft.)</i>
<i>Amount of mortgages</i>	<i>Installment and Due Date</i>	<i>Actual Value</i>

<i>Address</i>		
<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Description of property</i>	<i>Purchase Date</i>	<i>Size (Sq. ft.)</i>
<i>Amount of mortgages</i>	<i>Installment and Due Date</i>	<i>Actual Value</i>

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<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Description of property</i>	<i>Purchase Date</i>	<i>Size (Sq. ft.)</i>
<i>Amount of mortgages</i>	<i>Installment and Due Date</i>	<i>Actual Value</i>

PERSONAL BALANCE SHEET

In the date of: