



**Franchise Application Form**

Thank you for considering our franchise programme. Completion of this application form places no obligation on either LipoContour Ltd or the Applicant. This is simply a tool to help all parties determine how your interests and experience fit into our business model.

Name:.....

Current Address:.....

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Postcode:.....

Tel No: Home: .....

Mobile:.....

Email Address:.....

Age:..... Dependents:.....

If applicable, Spouse's name:.....

Business Experience:.....

Have you every owned a business before?.....

Do you currently own a business?.....

Please describe your business ownership experience, including years in each business:.....

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**Employment History:**

Please provide brief details of your current employment and for the past 5 years:

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Educational Background / Personal Qualifications:

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Franchise Interest:

Have you ever been involved in a franchise business before? ..... Please Explain .....

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What appeals to you most about owning a Lipo Contour franchise? .....

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Preferred Area/s for your franchise .....  
(Please state Postcodes)

When would you be in a position to start the Lipo Contour franchise?.....

Financial Information:

Do you feel you have necessary capital resources to start a new business or would you require finance?

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Have you ever been convicted by any court for any offence, or have a case pending?  
If so, please explain fully:

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Signature of applicant:

The intended purpose of this application is for information only and is not binding on the Franchisor or the applicant(s). I confirm that all the information supplied within this application is complete and accurate in all respects. The undersigned hereby authorise the release of any and all information by the above listed references as may be pertinent to this application.

Signed:..... Date:.....

Please either fax your completed form to 0845 241 3447 or post to the address listed below.