

FRANCHISE APPLICATION FORM

Please note that all information will be treated with the utmost confidentiality.

Subject to territories being available, AQUATOTS Swim Program CC (from now on in this document named AQUATOTS), is in a position to offer franchises to suitable candidates. Completion of this form does not obligate either AQUATOTS or the applicant in any way.

Surname _____ ID Number _____

First names _____ Sex _____

Residential Address _____ Code _____

Postal Address _____ Code _____

Tel. No. _____ Email address _____

Marital status _____ Number of children / dependents _____

Where do you propose operating AQUATOTS? (Please give a detailed description). _____

Do you own your own enclosed pool? _____

Do you own a swim school? (Please give a brief description). _____

Have you ever owned a swim school? (Please give a brief description) _____

Qualifications - Formal _____

Swimming _____

References – (1) Name _____ Tel. No. _____

(2) Name _____ Tel. No. _____

Have you ever been declared insolvent? _____ Do you have a criminal record? _____

If you have answered yes to either question, please provide details on a separate sheet of paper.

How did you hear about this franchise opportunity? _____

I have completed the above form to the best of my ability with the intention to be considered for an AQUATOTS franchise. At this point I am not binding myself in any way whatsoever. I understand, however, that should I be accepted as a franchisee, based on the above information which if later found to be false, may result in termination of any agreement entered into between AQUATOTS and myself.

Signed _____ Date _____