



SALON

FRANCHISEE APPLICATION FORM PART 1

If this application is to be in the name of more than one person please complete both applicants sections.

PERSONAL DETAILS APPLICANT 1

FULL NAME

RESIDENTIAL ADDRESS:

POST CODE:

LENGTH OF TIME AT ADDRESS:

ARE YOU AN OWNER/TENANT/OTHER:

MALE FEMALE

MARITAL STATUS:

DO YOU HAVE ANY DEPENDANTS?

NATIONALITY/NI NUMBER:

CONTACT DETAILS (please tick your preferred method of contact)

HOME

MOBILE

E-MAIL

WORK

HAVE YOU EVER BEEN REFUSED ANY TYPE OF INSURANCE?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?

YES NO

IF YES PLEASE GIVE DETAILS AND PROVIDE A POLICE RECORD?

HAVE YOU EVER BEEN DECLARED BANKRUPT? YES NO

PERSONAL DETAILS APPLICANT 2

FULL NAME

RESIDENTIAL ADDRESS:

POST CODE:

LENGTH OF TIME AT ADDRESS:

ARE YOU AN OWNER/TENANT/OTHER:

MALE FEMALE

MARITAL STATUS:

DO YOU HAVE ANY DEPENDANTS?

NATIONALITY/NI NUMBER:

CONTACT DETAILS (please tick your preferred method of contact)

HOME

MOBILE

E-MAIL

WORK

HAVE YOU EVER BEEN REFUSED ANY TYPE OF INSURANCE?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?

YES NO

IF YES PLEASE GIVE DETAILS AND PROVIDE A POLICE RECORD?

HAVE YOU EVER BEEN DECLARED BANKRUPT? YES NO