



# 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