

AU VIEUX DULUTH EXPRESS

CAFÉRAMA

CHICK'N'CHICK

CROISSANT PLUS

CULTURES

FRANX SUPREME

KIM CHI

KOYA JAPAN

LA CRÉMIÈRE

PANINI

SUKIYAKI

SUSHI SHOP

TCBY CANADA

THAÏ EXPRESS

TIKI MING

MRS. VANELLI'S

VEGGIRAMA

VILLA MADINA

YOGEN FRÜZ CANADA

PERSONAL INFORMATION FORM

Name

Date

Please attach your curriculum vitae

Please send us your completed form by fax 514.336.9222 or 1.866.515.7381 (toll free)

3465 Thimens Blvd, Montreal (Quebec) H4R 1V5

P / 514.336.8885 or 1.866.891.6633

F / 514.336.9222 or 1.866.515.7381

<http://www.mtygroup.com>

FRANCHISE

All the information will be treated confidentially.
This form is not an agreement and does not bind M.T.Y. Group nor the person herein mentioned in any way.
Each partner shall fill in the present form.
(Please print or type)

PERSONAL INFORMATION

Male Female

Name Occupation

Address

City Prov. Postal Code

Home phone Office phone

Date of Birth S.I.N. Marital Status

dd mm yy

Spouse's Name Occupation

Have you personally, or any company in which you were a partner, declared bankruptcy? Yes No

Explain

Actual health status Excellent Good Acceptable Weak

Explain if Weak or Acceptable

Education Level

Degree(s) obtained

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? Do you have a financing source? Yes No

Do you have a partner? Yes No

If yes, name of partner

Address

City Prov. Postal Code

BUSINESS EXPERIENCE

Name of present employer

Address

City Prov. Postal Code

Position or responsibilities

Duration of employment from to

Name of previous employer

Address

City Prov. Postal Code

Position or responsibilities

Duration of employment from to

Have you already owned or operated a business? Yes No

Which type of business? Please describe

BANKING INFORMATION

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
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	/ /
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	/ /
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	/ /
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	/ /

ACCOUNTS, NOTES & LOANS RECEIVABLE

Name and address of debtor	Amount	Loan type	Due date
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	/ /

STOCKS, BONDS & SECURITY

Value and Number	Description	Registered in the name of	Cost	Actual Market Value	Past Year Income

LIFE INSURANCE

Name of insured person	Name of beneficiary	Insurance Company	Type of policy	Book value	Amount borrowed on the policy

REAL ESTATE

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

Purchase date	Description & address	Size	Improvements	Amount of mortgages	Installment date	Due date	Actual value

PERSONAL BALANCE SHEET

In date of

dd

mm

yy

Cash on hand unrestricted (section A)	\$
Accounts & loans receivable (section B)	\$
Stock, bonds & security (section C)	\$
Life insurance (indicate surrender value) (section D)	\$
Real estate (section E)	\$
Automobiles in your name	\$
Other assets (indicate)	\$
	\$
	\$
TOTAL ASSETS (1)	\$

Notes payable (section A)	\$
Credit card balances	\$
Accounts & bills due	\$
Loans against insurance (section D)	\$
Real estate mortgages (section E)	\$
Other liabilities (indicate)	\$
	\$
TOTAL LIABILITIES (2)	\$
NET WORTH (3) (= (1) - (2))	\$
TOTAL LIABILITIES AND NET WORTH	\$

ANNUAL INCOME

Salary	\$
Bonus & commissions	\$
Dividends & interests	\$
Real estate income	\$
Other income (indicate)	\$
	\$
TOTAL	\$

CONTINGENT LIABILITIES

As endorser or guarantor	\$
On leases or contracts	\$
Legal claims	\$
Provisions for income tax	\$
Other liabilities	\$
	\$
TOTAL	\$

The undersigned hereby certifies that the information given in the foregoing statement is true and accurate and that no unfavorable information known to the undersigned or called for herein has been omitted. M.T.Y. Group is hereby authorised to obtain such information as it may require concerning said statement, which at all times shall remain the property of M.T.Y. Group., and to procure consumer reports from credit reporting agencies and obtain personal and credit information from persons other than consumer reporting agencies. I hereby waive any responsibility from any person giving or receiveing such information. It is understood that all information provided in this form and obtained pertaining to same will be treated confidentially by M.T.Y. Group.

REFERENCES (OTHER THAN FAMILY)

	NAME/ADDRESS	KNOWN SINCE	TELEPHONE	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	()
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	()
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	()

PREFERRED LOCATION(S)

First choice

Banner Area

Second choice

Banner Area

Third choice

Banner Area

Are you willing to relocate? Yes No

Date
dd mm yy

Name Signature