



Clinics Business Franchisee Application Form

This application form will be handled with the strictest confidentiality. We will use your information only for the purpose evaluation of your application for **Chinese Medical Academy UK** franchisee.

Applicant Correspondence Information

Title _____
First Name _____
Surname _____
Address 1* _____
Address 2* _____
Address 3* _____
City/Town* _____
County* _____
Post Code* _____
TEL (Business) _____
FAX (Business) _____
Email _____

* Correspondence address, telephone and fax

This application form is to be completed in full by you, an intending applicant.

CALL FREE on:
0800 231 5688

FAX FREE on:
0800 231 5668

Email:

Sales@superdragon.co.uk

Website:

www.superdragon.co.uk

Postal Address:

Superdragon TCM UK Ltd
Unit 5
The Courtyards
Victoria Road
Leeds LS14 2LB
UK

SUPERDRAGON

Professional Suppliers of Acupuncture Needles and Chinese Herbs



Applicant Personal Information

Permanent Address

Address 1 _____	Date of Birth _____
Address 2 _____	Nationality _____
Address 3 _____	Marital Status _____
City/Town _____	No of Dependents _____
County _____	Age of Dependents _____
Post Code _____	Drive License <input type="checkbox"/> Yes <input type="checkbox"/> No
TEL (Home) _____	Are you: <input type="checkbox"/> Home Owner <input type="checkbox"/> Tenant
FAX (Home) _____	How long have you lived at this address:

Work Experience

Date Attend	Organisation/Company	Job Title	Responsibilities	Annual Salary

Education & Qualifications

Higher Education Institution	Dates Attended	Courses	Qualification
List trade, professional qualifications, computer skills or other relevant qualifications:			

Where did you find out about this franchising opportunity?

Advertisement <input type="checkbox"/>	Website <input type="checkbox"/>	Friend <input type="checkbox"/>	Press Article <input type="checkbox"/>
Newspaper <input type="checkbox"/>	Trade show <input type="checkbox"/>	Dr& NaturalCare <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please specify: _____			

Business Ability

Why do you think you are suited to becoming our franchisee? _____ _____ _____
Please describe your business skills _____ _____ _____

Financial Information

Please give your bank account information below:

Financial Institution	Address/Phone	Account Number	Type of Account

Please give your credit card information below:

Name	Credit Card Number	Credit Limit

Please indicate your current financial position below:

Assets (at market value)	Liabilities
Cash in bank and on hand _____ (last six months statements)	Bank Overdraft _____ (facility letter)
Value of House if owned _____ (last surveyor's valuation)	House Mortgage/s _____ (last statement)
Other Property owned _____ (last independent valuation)	Loans _____ (latest statement)
Investment/Shares _____ (copy of certificate or bank schedule)	Hire Purchase _____ (latest statement)
Business Assets _____	Other Creditors _____ (latest statement)
Other Assets _____ (independent valuation or insurance)	Other _____ (include credit card balances)
Total Assets (A) _____	Total Liabilities (B) _____
Balance (A minus B) _____	

If you have been bankrupt or compounded with your creditors? Yes No

If yes, please give details: _____

Do you have any objection to us making credit checks? Yes No

Legal Information

Have you any criminal convictions or impending prosecution(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details: _____		

Have you ever had a court judgment against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details: _____		

Are there any restrictions on your residency or freedom to take up employment in the country for which you are applying for a franchise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details: _____		

Declaration

I certify that the above information is correct and complete to the best of my knowledge and belief.	
I acknowledge that incorrect information could render me liable to having the franchise terminated.	
I acknowledge and give my consent in terms of Privacy Legislation for Superdragon to obtain further information.	
Signature: _____	Date _____
	(DD/MM/YY)

All the information you provide will be held in strict confidence by SUPERDRAGON.

Completing this application does not obligate SUPERDRAGON in any way to enter into any contractual arrangement.

Failure to complete the application or providing untruthful information will make the application invalid and could result in termination of the franchise contract.