

**YOUR PERSONAL INFORMATION**

Where did you hear about the EVELATUS® franchise

<b>First Name</b>		<b>Last Name</b>	
<b>Citizen of</b>		<b>Permanent Resident of</b>	
<b>Date of Birth</b>			
<b>Tax ID/National ID/SSN</b> _____ <small>(Optional for additional information purposes but required to begin the process of the purchase and transfer of an existing location. Also note: it will be required prior to the purchase of a new franchise.)</small>			
<b>Gender</b>	<b>Male</b> ____	<b>Female</b> ____	
<b>Are you of legal age?</b>	<b>Yes</b> ____	<b>No</b> ____	
<b>Have you ever been associated directly or indirectly with terrorist activities ?</b>		<b>Yes</b> ____	<b>No</b> ____
<b>Has a judgment/lien/bankruptcy been filed against you or have you been involved in any litigation proceeding within the last 5 years?</b> <small>(If yes, you will need to provide the following for each judgment/lien/bankruptcy proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)</small>		<b>Yes</b> ____	<b>No</b> ____
<b>Telephone (Home)</b>	<b>(Fax)</b>	<b>(Mobile)</b>	
<b>Residence Address</b>			
<b>City</b>		<b>Zip/Postal Code</b>	
<b>Country</b>		<b>State/Province</b>	
<b>Business Email Address</b> _____ <small>(The email address you provide will be considered a business email address to be used by the Franchisor and/or its affiliates to communicate with you electronically in connection with this Application and any franchise purchase.)</small>			

**SPOUSE PERSONAL INFORMATION (Use A Separate Application for Partners)**

<b>First Name</b>		<b>Last Name</b>	
<b>Citizen of</b>		<b>Permanent Resident of</b>	
<b>Date of Birth</b>			
<b>Tax ID/National ID/SSN</b> _____ <small>(Optional for additional information purposes but required to begin the process of the purchase and transfer of an existing location. Also note: it will be required prior to the purchase of a new franchise.)</small>			
<b>Gender</b>	<b>Male</b> ____	<b>Female</b> ____	
<b>Are you of legal age?</b>	<b>Yes</b> ____	<b>No</b> ____	
<b>Have you ever been associated directly or indirectly with terrorist activities?</b>		<b>Yes</b> ____	<b>No</b> ____
<b>Has a judgment/lien/bankruptcy been filed against you or have you been involved in any litigation proceeding within the last 5 years?</b> <small>(If yes, you will need to provide the following for each judgment/lien/bankruptcy proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)</small>		<b>Yes</b> ____	<b>No</b> ____

**EDUCATIONAL BACKGROUND**

<b>Self Employed</b>	<b>Employed By</b>
<b>Nature of Business</b>	
<b>Select Your Business Experience Level</b>	
<b>List of mobile phone, accessories or consumer electronic shops in which you have a share of participation:</b>	

<b>FINANCIAL INFORMATION (Please List Figures in EURO)</b>		
Income from current occupation		/year
Income from other sources		/year
Please explain other income		
Personal Bank(s)	Branch	Address
Individual Liquid Assets (Cash, Stocks, etc.)		a)
Individual Fixed Assets (Home, Car, etc.)		b)
Individual Total Assets (a+b)=		c)
Individual Liabilities (Mortgages, Loans, etc.)		d)
Your Individual Total Net Worth (c-d)= <small>(Excluding any financing listed below.)</small>		e)
Would this business be your sole income source?		Yes ___ No ___
Is there other financing not included in (e) above?		Yes ___ No ___
If yes, how much financing is available? _____ Type of Currency _____		

<b>EVELATUS STORE OPERATIONS</b>		
If qualified, when will you invest in a franchise?		
___a) Now / ___b) Within 6 months / ___c) 6 months to 1 year / ___d) Over 1 year		
How involved will you be in operating the Store?		
___a) 0%	___b) 50%	___c) 100%
In what country would you like to open your EVELATUS® store? _____ <small>(If different from your country of residence**)</small>		

<b>INVESTORS</b>		
Will you have Investors?		Yes ___ No ___
If not, you may skip this section. Otherwise please complete all relevant sections below.		
First Name	Last Name	_____ Active _____ Silent
First Name	Last Name	_____ Active _____ Silent
First Name	Last Name	_____ Active _____ Silent

In addition to requesting additional information, this application is used for purchasing a new franchise, an additional franchise, or the purchase and transfer of an existing store. The filing of this form does not obligate the applicant to purchase or the franchisor to sell a franchise or location. Complete in full and do not use abbreviations. Please print clearly or type.

**NOTE: THIS IS NOT AN EMPLOYMENT APPLICATION.**

*Note: Fields denoted with a \* are mandatory.*