

Application Form

FRANCHISE OPPORTUNITY



Print Name

Date of birth

Address

Home telephone

Mobile telephone

Email

SKYPE contact

Please print, complete both columns of this form and scan this application with additional pages if required and email it together with a recent detailed Curriculum Vitae to claire@swimbebeswim.com – Thank you.

1 How did you find out about the swim bébé swim franchise opportunity?

2 In which territory would you like to represent swim bébé swim (please be specific, state the geographical area and which main towns it includes)

3 Describe why you would like to have your own swim bébé swim franchise?

4 Describe why you believe you are the best person to represent swim bébé swim in your area?

5 Describe any relevant experience

6 Do you own, or have you ever owned a business? YES/NO. If YES, please provide details

7 How would you propose to fund this business?

8 I confirm that the information I have provided is correct to the best of my knowledge and belief.

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Registered in England & Wales
06564427.

www.swimbebeswim.com
claire@swimbebeswim.com

Signed

Date

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