

King of Donair CANADA

**P.O. Box 40
Lower Sackville, Nova Scotia B4C 2S8**

TEL: 902-483-5567

FAX: 902-457-0125

email: franchise@kingofdonairs.com

Please mail, fax, or email your completed Personal Profile to any of the above locations.

PERSONAL PROFILE

The information you furnish in this form is not binding and in no way obligates you or King of Donair to purchase or sell a franchise. Its purpose is to provide our company with the pertinent information needed to evaluate you as an applicant. The company will hold the answers supplied in this application in strict confidence. The information and references provide herein will not be verified without your written and/or oral authorization.

| I. Personal Information | Applicant | Spouse |
|-------------------------|-----------|--------|
| Last name | | |
| First name | | |
| Street address | | |
| City | | |
| Province | | |
| Postal code | | |
| Home phone | | |
| Work phone | | |
| Cell Phone | | |
| Email | | |
| Pager | | |
| Fax | | |
| Date Of Birth | | |
| Social Insurance Number | | |

DO YOU RENT OR OWN YOUR HOME? _____ MONTHLY PAYMENT _____

HOW LONG HAVE YOU LIVED AT THAT ADDRESS? _____ CITIZENSHIP _____

DEPENDANTS: NAMES: AGES:

II. BUSINESS BACKGROUND

INFORMATION ABOUT YOU

INFORMATION ABOUT YOUR SPOUSE

PRESENT EMPLOYER: _____

PRESENT EMPLOYER: _____

BUSINESS ADDRESS : _____

BUSINESS ADDRESS : _____

TITLE: _____

TITLE: _____

RESPONSIBILITIES: _____

RESPONSIBILITIES: _____

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

ANNUAL SALARY: _____

ANNUAL SALARY: _____

ANY OTHER SOURCE OF INCOME: _____

TOTAL COMBINED ANNUAL INCOME: _____

III. PREVIOUS EMPLOYMENT

| NAME OF EMPLOYER | ADDRESS | CITY | PROVINCE | YEARS EMPLOYED | POSITION |
|------------------|---------|------|----------|----------------|----------|
|------------------|---------|------|----------|----------------|----------|

HAVE YOU AT ANY TIME OWNED OR OPERATED YOUR OWN BUSINESS? (EXPLAIN BELOW) YES NO

TYPE OF BUSINESS: _____

HOW LONG OPERATED: _____

FULL/PART TIME: _____

ANNUAL INCOME: _____

SOLD/CLOSED/STILL OWN: _____

IV. ABOUT YOU

HOW DID YOU BECOME INTERESTED IN KING OF DONAIR ? _____

WHAT ARE YOUR PRIMARY REASONS FOR GOING INTO YOUR OWN BUSINESS?

(1) _____

(2) _____

(3) _____

CONSIDERING YOUR EXPERIENCE, WHAT DO YOU CONSIDER TO BE YOUR STRENGTHS TO RUN A KING OF DONAIR FRANCHISE?

(1) _____ (2) _____ (3) _____

WHAT ARE YOUR PRIMARY CONCERNS WITH OWNING YOUR OWN BUSINESS? _____

IDEALLY, WHEN WOULD YOU WANT TO OPEN YOUR FRANCHISE? ASAP WITHIN 3 MONTHS WITHIN 6 MONTHS

WITHIN 12 MONTHS OTHER

IN WHICH GEOGRAPHICAL AREA WOULD YOU LIKE TO OPEN YOUR FRANCHISE?

(1) _____ (2) _____ (3) _____

DO YOU PLAN TO HAVE A PARTNER? YES NO

IF SO, WILL PARTNER BE ACTIVE? YES NO

PARTNER'S NAME: _____ PHONE #: _____

WILL ANY FAMILY MEMBERS BE INVOLVED IN THE BUSINESS? YES NO

IF YES, WHO? NAME: _____ RELATIONSHIP _____

NAME: _____ RELATIONSHIP _____

WHAT LANGUAGES DO YOU SPEAK? _____

HAVE YOU EVER MANAGED EMPLOYEES? _____ IF YES, HOW MANY AND IN WHAT CAPACITY? _____

MY COMPUTER EXPERIENCE IS: (CIRCLE ONE) NONE CASUAL AVERAGE ABOVE AVERAGE

MY SPOUSES COMPUTER EXPERIENCE IS: (CIRCLE ONE) NONE CASUAL AVERAGE ABOVE AVERAGE

RATE YOUR FINANCIAL ORGANIZATIONAL SKILLS: (CIRCLE ONE) POOR AVERAGE GOOD EXCEPTIONAL

RATE YOUR SPOUSES FINANCIAL ORGANIZATIONAL SKILLS: (CIRCLE ONE) POOR AVERAGE GOOD EXCEPTIONAL

A KING OF DONAIR HAS 3 MAIN COMPONENTS: SALES, MANAGEMENT, AND PRODUCTION.

WHICH ONE COMPONENT DO YOU FEEL MOST COMFORTABLE WITH? _____

CURRENT AFFILIATIONS (FRATERNAL, BUSINESS, PROFESSIONAL, CIVIC, ETC.): _____

LIST ANY OTHER INFORMATION YOU WANT TO PROVIDE: _____

FINANCIAL INFORMATION

ASSETS

CASH ON HAND AND IN BANKS: _____
STOCKS BONDS, SECURITIES: _____
RETIREMENT FUNDS: _____
LOANS OWED TO YOU: (DUE W/IN 1 YR.) _____
REAL ESTATE: (PRESENT VALUE) _____
BUSINESSES OWNED: _____
INSURANCE (CASH VALUE): _____
OTHER ASSETS: _____
TOTAL ASSETS: _____

LIABILITIES

NOTES PAYABLE TO BANKS: _____
NOTES PAYABLE TO INDIVIDUALS: _____
TOTAL CREDIT CARD DEBT: _____
VEHICLE LOANS: _____
HOME MORTGAGE: _____
OTHER MORTGAGES: _____
STUDENT LOANS: _____
OTHER DEBTS: _____
TOTAL LIABILITIES: _____

NET WORTH

TOTAL ASSETS: _____
TOTAL LIABILITIES: _____
SUBTRACT FOR NET WORTH: _____

AMOUNT OF CAPITAL TO INVEST: _____

SOURCE OF CAPITAL: _____

THIS IS NOT A CONTRACTUAL AGREEMENT. THE SIGNING OF THIS DOCUMENT DOES NOT OBLIGATE YOU IN ANY WAY TO PURCHASE A KING OF DONAIR FRANCHISE. NO INFORMATION PROVIDED IN THIS PERSONAL PROFILE WILL BE VERIFIED UNLESS THE UNDERSIGNED GIVES WRITTEN OR ORAL AUTHORIZATION. THE SIGNATURE OF THIS DOCUMENT DOES NOT CONSTITUTE WRITTEN AUTHORIZATION.

SIGNATURE: _____

DATE: _____

SPOUSES SIGNATURE: _____

DATE: _____