

BIG SMOKE BURGER
CAFÉ DEPOT
COUNTRY STYLE
CULTURES
DAGWOODS
EXTREME PITA
JUGO JUICE
KORYO KOREAN
KIMCHI
KOYA JAPAN
LA BOITE VERTE
LA CRÉMIÈRE
LA DIPERIE
MANCHU WOK
MMMUFFINS
MR SOUVLAKI
MR. SUB
MUCHO BURRITO
MUFFIN PLUS
SOUTH ST. BURGER
SUKIYAKI
SUSHI GO
SUSHIMAN
SUSHI SHOP
TACO TIME
TANDORI
TCBY CANADA
THAÏ EXPRESS
THAIZONE
THE WORKS
TIKI MING
TIMOTHY'S
TOSTO
TUTTI FRUTTI
VALENTINE
VANELLIS
CAFÉ VAN HOUTTE
VIE&NAM
AU VIEUX DULUTH
VILLA MADINA
WASABI
YUZU SUSHI

PERSONAL INFORMATION FORM

Name

Date

Please attach your curriculum vitae

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

Gender	<input type="text"/>		
Name	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Prov.	<input type="text"/>
		Postal Code	<input type="text"/>
Cell phone	<input type="text"/>	E-mail	<input type="text"/>
Date of Birth	<input type="text"/>	S.I.N.	<input type="text"/>
		Marital Status	<input type="text"/>

Spouse's Name	<input type="text"/>	Occupation	<input type="text"/>
---------------	----------------------	------------	----------------------

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	<input type="text"/>	Prov.	<input type="text"/>	Postal Code	<input type="text"/>
------	----------------------	-------	----------------------	-------------	----------------------

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"/>
<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"/>
<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

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))	\$

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	\$

REFERENCES (OTHER THAN FAMILY)

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

PREFERRED LOCATION(S)

First choice

Brand	<input type="text"/>	Area	<input type="text"/>
-------	----------------------	------	----------------------

Second choice

Brand	<input type="text"/>	Area	<input type="text"/>
-------	----------------------	------	----------------------

Third choice

Brand	<input type="text"/>	Area	<input type="text"/>
-------	----------------------	------	----------------------

Are you willing to relocate? Yes ☐ No ☐

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 receiving 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.

Date

Name Signature