

**Personal Information**  
 (please type or print neatly in dark ink)

MOST  
 RECENT  
 1 ½" X 1 ½"  
 COLOR  
 PHOTO

|  |                |                         |               |
|--|----------------|-------------------------|---------------|
| Name ( <i>in full</i> )<br><br>(Surname) (First Name)<br>(Middle Name) |                | Age                     |               |
| Residential Address ( <i>in full</i> )                                 |                |                         | Years of stay |
|  |                | Home Tel.               | Fax           |
|  |                | email                   |               |
| Marital Status   | Citizen ship   | Tax Identification No.  |               |
|  |                | SSS No.                 |               |
| Date of Birth  | Place of Birth | CTC No.                 |               |
|  |                | Date and Place of Issue |               |
| If single, Name of Father & Mother                                     |                | Age                     |               |
|  |                | Occupation/Business     |               |
| Name of Spouse   |                | Age                     |               |
|  |                | Occupation              |               |
| Address of Spouse ( <i>if different from yours</i> )                   |                | Home Tel.               |               |
|  |                | email                   |               |
| Name and ages of children  |                |                         |               |
| _____  |                | _____                   |               |
| _____  |                | _____                   |               |
| _____  |                | _____                   |               |
| _____  |                | _____                   |               |
| Describe any physical disability or limitation                         |                |                         |               |
| _____  |                |                         |               |
| _____  |                |                         |               |
| _____  |                |                         |               |

~~Have~~ you ever been charged of anything other than minor traffic violations? \_\_\_\_\_

~~Has~~ any judgment ever been entered against you or your company or your employer where you were one of the litigants? \_\_\_\_\_

~~Are~~ you involved in pending litigation? \_\_\_\_\_

~~Have~~ you ever declared personal bankruptcy? \_\_\_\_\_  
 If YES, to any of the above, please give details and inclusive dates. (Use additional pages if necessary.) \_\_\_\_\_

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Is this the first time you're applying for a Silk Skin BC franchise?       YES       NO  
 If NO, please give details of previous application and the applied franchise area.

\_\_\_\_\_

\_\_\_\_\_

*Educational Background*

| <u>citations</u> | <u>Name and Address of School</u> | <u>Inclusive years</u> | <u>Degree completed</u> | <u>Awards /</u> |
|------------------|-----------------------------------|------------------------|-------------------------|-----------------|
| High School      | _____                             | _____                  | _____                   | _____           |
| College          | _____                             | _____                  | _____                   | _____           |
| Post-graduate    | _____                             | _____                  | _____                   | _____           |

Previous seminars/ trainings attended/ completed in sales, management or retailing

| <b>Name of Training/ Seminar</b> | <b>Conducted by</b> |
|----------------------------------|---------------------|
| <b>Inclusive dates</b>           |                     |
| _____                            | _____               |
| _____                            | _____               |

Other trainings/ seminars attended/ completed related to personnel management and improvement or customer relations

| Name of Training/ Seminar<br>Inclusive dates | Conducted by |
|--|--------------|
|--|--------------|

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list other academic degree/ courses taken/ completed

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### Business Experience

(Please indicate business/es currently operating and those, which closed, if any within the past 5 years)

|   |          |   |
|---|----------|---|
| Present Business  | Position | Years in Business   |
| Business Address (in full)  | Tel.     | Fax   |
| Nature of Business<br><input type="checkbox"/> Manufacturing <input type="checkbox"/> Mktg./PR/Advertising <input type="checkbox"/><br><input type="checkbox"/> Retail/wholesale <input type="checkbox"/> Skin Care products <input type="checkbox"/><br>Others _____ |          | Type of Business Ownership<br><input type="checkbox"/> Single proprietorship <input type="checkbox"/><br><input type="checkbox"/> Corporation |

| Years in operation   | No. of branches | Annual sales  | Applicant's annual income |
|--|-----------------|---|---------------------------|
| Total no. of employees & length of service _____<br><input type="checkbox"/> < 1 year _____ <input type="checkbox"/> >10 years<br><input type="checkbox"/> > 5 year _____  |                 | Describe duties, responsibilities and number of employees directly supervised<br>_____<br>_____<br>_____<br>_____ |                           |
| Does your business have any pending legal cases in court? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, Please provide details and court resolutions.<br>_____<br>_____<br>_____                       |                 |   |                           |
| When and how did your business start?<br>_____<br>_____<br>_____   |                 |   |                           |
| In your current business, what are routine/regular problems that you attend to personally?<br>_____<br>_____<br>_____  |                 |   |                           |
| Identify major milestones/developments in your business within the past five years (e.g. opening, expansion, renovation, etc.)<br>_____<br>_____<br>_____  |                 |   |                           |
| Have you ever had an unsuccessful or losing business? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, please provide details.<br>_____<br>_____<br>_____   |                 |   |                           |
| Have you had employee relations/ people-related problems? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, please provide details.<br>_____<br>_____<br>_____   |                 |   |                           |
| How much time do you spend in your current business?<br><input checked="" type="checkbox"/> Daily basis (in terms of no. of hours) _____<br><input checked="" type="checkbox"/> Weekly basis (in terms of no. of days) _____ |                 |   |                           |

## Business Experience (Cont'd.)

| Previous business experience <i>(Give exact names, addresses and dates. List most recent first. If necessary, use additional sheets)</i> |          |                    |                    |
|--|----------|--------------------|--------------------|
| Date Employed  | Position | Name of Company    | Type of Business   |
| Address  |          | Name of Supervisor | Reason for leaving |
| Responsibilities   |          |                    |                    |
| Date Employed  | Position | Name of Company    | Type of Business   |
| Address  |          | Name of Supervisor | Reason for leaving |
| Responsibilities   |          |                    |                    |
| Date Employed  | Position | Name of Company    | Type of Business   |
| Address  |          | Name of Supervisor | Reason for leaving |
| Responsibilities   |          |                    |                    |
| Date Employed  | Position | Name of Company    | Type of Business   |
| Address  |          | Name of Supervisor | Reason for leaving |
| Responsibilities   |          |                    |                    |

In the past five years, describe an experience that you consider as a major crisis (business or personal).

What was the issue?  
\_\_\_\_\_

What did you do about it?  
\_\_\_\_\_

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Have you ever been self-employed?     YES     NO    If YES, please provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Financial Background

(In order for us to evaluate your personal/corporate ability to fund a Silk Skin BC franchise, please specify source of funding for the project.)

|   |
|---|
| Salary, wages   |
| Bonus, commissions  |
| Dividends, interest   |
| Real estate income  |
| Business profits  |
| Notes/ accounts receivable  |
| Other income – specify source, e.g. trust, spouse, etc.   |
| <b>TOTAL INCOME</b>   |
| Can you personally meet Silk Skin BC financial requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO    From what source?<br>Please specify.<br>(Use additional sheets if necessary) |
| _____   |

|  |  |
|--|--|
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |  |
| <p>If you have P 3.5 M to invest, what considerations will you look for to finally decide on investing? How much and how soon do you expect the return on your investment?</p> |  |
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |  |
| <p>Please prepare a summary of your business portfolio indicating the contributors (from highest to lowest) to your personal/commercial revenues.</p>                          |  |
| <p><u>Source</u> (Pls. indicate business name in full) <span style="float: right;"><u>Annual Revenue</u></span></p>  |  |
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |  |

*Socio-Civic Affiliations*

(E.g. Rotary, Lions, Mason; etc)

| Membership in socio-civic organization (Pls. Indicate name and address of organization)  |             |                |          |
|--|-------------|----------------|----------|
|  | <u>Name</u> | <u>Address</u> | Position |
| To   |             |                | From     |
| 1.   | _____       | _____          | _____    |
| 2.   | _____       | _____          | _____    |
| 3.   | _____       | _____          | _____    |
| <p>What were your personal contribution/s to the organization in the past two years?</p> |             |                |          |
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>                                      |             |                |          |

Please indicate personal/business gains you got from joining the organizations.

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## References

| Bank/Credit References <i>(Pls. Indicate contact person/s where accounts are held)</i> |             |                |                       |              |
|--|-------------|----------------|-----------------------|--------------|
|  | <u>Name</u> | <u>Address</u> | <u>How long known</u> | <u>Phone</u> |
| 1.   | _____       | _____          | _____                 |              |
|  | _____       |                |                       |              |
| 2.   | _____       | _____          | _____                 |              |
|  | _____       |                |                       |              |
| 3.   | _____       | _____          | _____                 |              |
|  | _____       |                |                       |              |

  

| Client |             |                |                       |              |
|--------|-------------|----------------|-----------------------|--------------|
|        | <u>Name</u> | <u>Address</u> | <u>How long known</u> | <u>Phone</u> |
| 1.     | _____       | _____          | _____                 |              |
|        | _____       |                |                       |              |
| 2.     | _____       | _____          | _____                 |              |
|        | _____       |                |                       |              |

  

| Supplier |             |                |                       |              |
|----------|-------------|----------------|-----------------------|--------------|
|          | <u>Name</u> | <u>Address</u> | <u>How long known</u> | <u>Phone</u> |
| 1.       | _____       | _____          | _____                 |              |
|          | _____       |                |                       |              |
| 2.       | _____       | _____          | _____                 |              |
|          | _____       |                |                       |              |

  

| Employee <i>(Pls. Indicate length of service and position of employee. Indicate whether employee is directly reporting to you)</i> |             |                 |                          |              |
|--|-------------|-----------------|--------------------------|--------------|
|  | <u>Name</u> | <u>Position</u> | <u>Length of Service</u> | <u>Phone</u> |
| 1.   | _____       | _____           | _____                    |              |
|  | _____       |                 |                          |              |
| 2.   | _____       | _____           | _____                    |              |
|  | _____       |                 |                          |              |

# Business Plans

| <p>Which specific geographical area are you interested in?</p> <p>_____</p> <p>_____</p>   |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
|--|-------------|---------------------|---------------------|-----------------------|-----------------------|----|-------|-------|-------|-------|----|-------|-------|-------|-------|----|-------|-------|-------|-------|----|-------|-------|-------|-------|
| <p>Why are you the best candidate to manage the Silk Skin BC in this area?</p> <p>_____</p> <p>_____</p> <p>_____</p>  |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| <p>If you were granted a franchise, will you be directly involved in the Silk Skin? Please describe nature and extent of participation?</p> <p>_____</p> <p>_____</p> <p>_____</p>   |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| <p>If you are currently employed, how do you plan to manage Silk Skin BC. full-time?</p> <p>_____</p> <p>_____</p> <p>_____</p>  |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| <p>How much time can you spend in the management of Silk Skin Beauty BC?</p> <p>_____</p> <p>_____</p>   |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| <p>Do you have any existing contractual business affiliations that may limit your involvement in a Silk Skin BC store? Please give details.</p> <p>_____</p> <p>_____</p> <p>_____</p>   |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| <p>As owner-operator, are you willing to undergo a 1 month full-time training?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>  |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| <p>Do you currently own a franchise business?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, please state the Franchisor's name, address, nature of business and date granted.</p> <p>_____</p> <p>_____</p>  |             |                     |                     |                       |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| <p>If you will be granted a franchise, who will have equity in the franchise store? To what extent?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Relationship</u></th> <th style="width: 10%; text-align: center;"><u>% share</u></th> <th style="width: 15%; text-align: center;"><u>Responsibility</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> |             | <u>Name</u>         | <u>Relationship</u> | <u>% share</u>        | <u>Responsibility</u> | 1. | _____ | _____ | _____ | _____ | 2. | _____ | _____ | _____ | _____ | 3. | _____ | _____ | _____ | _____ | 4. | _____ | _____ | _____ | _____ |
|  | <u>Name</u> | <u>Relationship</u> | <u>% share</u>      | <u>Responsibility</u> |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| 1.   | _____       | _____               | _____               | _____                 |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| 2.   | _____       | _____               | _____               | _____                 |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| 3.   | _____       | _____               | _____               | _____                 |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |
| 4.   | _____       | _____               | _____               | _____                 |                       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |    |       |       |       |       |

|  |
|--|
| 5. _____<br>_____  |
| Do any of the above-listed stockholders own a share/interest in another Beauty product? <input type="checkbox"/><br><input type="checkbox"/> NO<br>If YES, please give details and extent of participation.<br>_____<br>_____<br>_____ |
| Do you have any pending application for other Beauty Product Services? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, please indicate details of your application.<br>_____<br>_____                              |
| Are you related by blood or marriage to any Silk Skin Beauty Care employee or franchisee/ managing director? <input type="checkbox"/><br><input type="checkbox"/> NO<br>Please give details.<br>_____<br>_____                         |

## Certification

By signing below, I confirm that all the information given by me in this eight-page form is current, true and correct.

I hereby authorize Silk Skin Beauty Care Corp. to verify and investigate the undersigned from whatever sources deemed appropriate.

I fully understand that falsifying any information contained herein is sufficient ground for rejection of my application or termination of any contract that may hereafter be executed between Silk Skin Beauty Care Corp. and the undersigned franchise applicant.

SIGNATURE OVER PRINTED NAME OF FRANCHISE APPLICANT

Date \_\_\_\_\_

