



# FRANCHISE

## application form

Note: Completing this form does not place any obligation on the applicant to purchase or the franchisor to sell the franchise to the applicant. To expedite processing of your application, please ensure that all the information is provided as requested. Where information is not available or applicable, please indicate accordingly. All information will be kept strictly confidential.

You may submit your current CV as additional material.

### PERSONAL INFORMATION

Date of application:	
Title:	
Full Name:	
Current Address:	
Country:	Postcode:
Home Tel:	Mobile Tel:
E-mail Address:	

### BUSINESS INTEREST

How did you become interested in Expedition franchise and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What percent of the business will you own?

\_\_\_\_\_

Will you work in the business full time?

\_\_\_\_\_

Who will be responsible for the day-to-day operations?

\_\_\_\_\_

Will you have a business partner?

\_\_\_\_\_

If yes, please give name of each partner:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Note: A separate application and financial statements are required for each partner.



## INFORMATION ABOUT THE CITY

The population of the city:

Average wage in the region:

The presence of large industrial facilities:

Location (state, territory, county):

Status of the city (regional, district center):

Names and areas of the most popular shopping centers in the city:

If partners have not chosen a shopping center, it is important to give information about all suitable shopping centers in the city.

## INFORMATION ON THE PHYSICAL PLACE OF THE PROPOSED STORE

Name of the Shopping Center or Shopping Street:

Address:

Area and number of floors:

The building's status (active, under construction, opening date):

Features of the district (the central area of the city, shopping, recreation area, residential, industrial):

The presence of large commercial and domestic enterprises:



Number of parking spaces in the parking lot:

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Number of exits and entrances:

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Possibility in the entrances of the shopping center (on weekdays and weekends):

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Other brands of the complex (known/big brands and neighbors, their product range):

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## INFORMATION ABOUT THE PLANNED STORE

Floor:

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Overall area of the store:

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Shopping area of the store:

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The presence of warehouse space within the store area:

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Terms of lease:

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Monthly rent:

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Staff on the clock (persons/hour):

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Neighboring stores:

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Proposed hours of operation/day:

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## EDUCATIONAL BACKGROUND

Highest Educational Level: \_\_\_\_\_

(Please include year qualification was achieved)

Details of qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL CERTIFICATION / AWARDS / COURSES

(For courses that you have attended, choose three that you consider most relevant)

Certificate / Course / Award	Awarded By / From	Year Received
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT / BUSINESS HISTORY

(Please provide details of your employment status or business that you own)

**1. Current Employer / Business Owned:** \_\_\_\_\_

(Name of company)

Business Address: \_\_\_\_\_

\_\_\_\_\_

Type of Business: \_\_\_\_\_

Position:	Annual Compensation USD
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Employed from:	To:
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Duties and Responsibilities: \_\_\_\_\_

(For business owned, please describe business structure and duties)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**2.Previous Employer / Business Owned:**

(Name of company)

Business Address:

Type of Business:

Position:

Annual Compensation USD

Employed from:

To:

Duties and Responsibilities:

(For business owned, please describe business structure and duties)

**3.Previous Employer / Business Owned:**

(Name of company)

Business Address:

Type of Business:

Position:

Annual Compensation USD

Employed from:

To:

Duties and Responsibilities:

(For business owned, please describe business structure and duties)



## PERSONAL FINANCIAL STATEMENT

Average Monthly Income from present occupation / business: USD  
(Inclusive of all allowances, commission, perks, fees and bonuses)

Other Income: : USD  
(Please indicate breakdown of source/s of other income below)

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Total Amount of Funds Available For The Franchise: USD  
Budget available

Source of Funds:

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Assets	Bank / Financial Institution	Amount USD
Savings Account		
Fixed Deposit		
Funds		
Others*		
<small>(Please specify if you have indicated Others)</small>		

Liabilities	Bank / Financial Institution	Total Amount	Monthly Repayment
Car Loan			
Housing Loan			
Total Credit Cards			
Others*			
<small>(Please specify if you have indicated Others)</small>			



Have you ever declared for Bankruptcy? If yes please explain

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Have you ever had a business failure? If yes please explain

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Have you ever been convicted of a criminal offence?

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## REFERENCES

**Bank/Credit References** (Please indicate contact person/s where accounts are held)

Full Name:

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Address:

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How long known:

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Telephone Number:

### Client

Full Name:

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Address:

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How long known:

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Telephone Number:

### Supplier

Full Name:

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Address:

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How long known:

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Telephone Number:



**Employee**

Full Name:

Position:

Length of Service:

Telephone Number:

BY SIGNING BELOW, I CONFIRM THAT ALL THE INFORMATION GIVEN BY ME IS CURRENT, TRUE AND CORRECT. 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 EXPEDITION AND THE UNDERSIGNED FRANCHISE APPLICANT.

THE INFORMATION SUBMITTED ON THIS FORM WILL BE TREATED BY EXPEDITION AS STRICTLY PRIVATE AND CONFIDENTIAL. EXPEDITION WELCOMES APPLICATIONS FROM ALL SECTORS OF THE COMMUNITY REGARDLESS OF GENDER, MARITAL STATUS, DISABILITY, ETHNIC ORIGIN, RACE, COLOUR, NATIONALITY, RELIGION OR BELIEF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Place

**Please send your completed application form to:**

international@expedition.com

Franchising Department, Expedition LLC, 48B Udaltcova Str, Office #5, Moscow, Russia,  
119607