



confidential franchise  
application form

# Confidential Franchise Application Form

Now that you know a little bit about us, we would like to learn a little bit about you. The following information you provide will help us determine if a FunSun Franchise is right for you.

All information you provide will be treated in the strictest confidence.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Owner/Tenant/Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May we contact you here? Yes ☐ No ☐

Work Phone: \_\_\_\_\_ May we contact you here? Yes ☐ No ☐

Email: \_\_\_\_\_ (if applicable)

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ DNI/Passport No: \_\_\_\_\_

Marital status: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

No of dependants (if applicable): \_\_\_\_\_

Do you own a vehicle? Yes ☐ No ☐

Do you have a full clean driving licence? Yes ☐ No ☐

Which would be your chosen operating area? \_\_\_\_\_

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

**Tell Us About Your Career**  
(if available, Please attach a copy of your resume)

Please give brief work experience in the past 3 years:

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(if applicable, please give your partner's work experience in the past 3 years): \_\_\_\_\_

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Have you had any previous sales experience? Yes ☐ No ☐

if YES, please give brief details: \_\_\_\_\_

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Do you or your partner speak any other languages? Yes ☐ No ☐

If YES, please give details: \_\_\_\_\_

Do you require assistance with financing this franchise? Yes ☐ No ☐

Have you or partner ever been self employed? Yes ☐ No ☐

If YES, please give brief details: \_\_\_\_\_

Do you now own, or have you ever owned a Franchise?: Yes ☐ No ☐

If YES, what type of business? \_\_\_\_\_

Have you ever failed in business or filed for bankruptcy? Yes ☐ No ☐

If YES, please give circumstances and full details: \_\_\_\_\_

Have you, or your partner ever been convicted of, or is there any pending action against either one of you involving criminal proceeding? Yes ☐ No ☐

if YES, please give full details: \_\_\_\_\_

How much time would you spend on your FunSun Franchise?

Fulltime ☐ Part time ☐ None ☐ (investment only)

Will your partner be active in the Business? Yes ☐ No ☐

Who will operate the business? Self ☐ Partner ☐ Other ☐

From a business perspective, what would you say are your greatest:

Strengths? \_\_\_\_\_

Weaknesses? \_\_\_\_\_

Tell us why you would make an outstanding FunSun Franchisee? \_\_\_\_\_

The information provided on this application is the truth and to my knowledge I have not omitted anything which in my opinion would be detrimental to this application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please post or Fax to:**

FunSun International Marketing & Management S.L.

(Franchise Application Department)

c/o Mailboxes etc., Buzón 348, CC Miramar

11130 Chiclana de la Frontera (Cádiz)

Fax: (0034) 956 47 30 04

Spain

[www.funsun-international.com](http://www.funsun-international.com)

