

D Mind Education
Franchise/Partnership Application Form

Thank you for your interest in D Mind Education franchise/partnership opportunity. The information on this form is the basis for a franchise/partnership application and will be kept confidential. Please note that this form is not to be construed as an offer of a franchise/partnership, a commitment or a binding agreement on either party.

Personal Information:

Name: (Mr./Mrs./Ms.) _____ HKID: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Home Address: _____

Email: _____ Contact No.: _____

Marital Status: _____ No. of Children: _____

Business Address: _____

Business Type: Solely owned Partnership

Each franchise/educational partner will require one full-time employee as operator. Are you going to be the operator? If no, please fill in the information of the operator:

Operator Information (If different from above)

Name: (Mr./Mrs./Ms.) _____ HKID: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Home Address: _____

Email: _____ Contact No.: _____

Marital Status: _____ No. of Children: _____

Partnership Information (If applicable)

Name: (Mr./Mrs./Ms.) _____ HKID: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Home Address: _____

Email: _____ Contact No.: _____

Marital Status: _____ No. of Children: _____

Business & Employment Experience:

Your current employment status: Part time Self-employed Unemployed

1) Position: _____
Company: _____
Duties: _____

Period: _____ Salary: _____

2) Position: _____
Company: _____
Duties: _____

Period: _____ Salary: _____

3) Position: _____
Company: _____
Duties: _____

Period: _____ Salary: _____

4) Position: _____
Company: _____
Duties: _____

Period: _____ Salary: _____

Education:

Highest Education Attained: _____

Name of University / College: _____

Degree / Diploma / Certificate: _____

Other academic certificates: _____

Franchise Information:

1) Have you ever owned a franchise, your own business or in partnership? Yes No

2) Have you ever failed in business or declared bankruptcy? Yes No

3) Where do you intend to start the franchise/partnership with D Mind Education?

1st choice: _____ 2nd choice: _____ 3rd choice: _____

4) When would you like the franchise/partnership to commence? _____

5) Which programme(s) do you intend to offer?

Ruth Miskin – RWI Comprehension & Writing Others

6) What is your business objective?

I hereby certify that to the best of my knowledge and belief, the answers provided by me to the foregoing questions and all statements made by me in this application are correct.

I hereby authorize D Mind Education, or its agent, to verify all data submitted, and to make any additional credit and financial investigation that it deems necessary or advisable.

I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between D Mind Education and myself.

The undersigned warrants that the information contained herein has been carefully read and is true and correct.

Name: _____ Signature: _____ Date: _____

Thank you for your interest in D Mind Education franchise/partnership opportunity. Please send the completed application form to the following email address: enquiry@dmindeducation.com