



## CONFIDENTIAL SCREENING FORM

### Personal information

Name:

Surname:

Adress:

Zip code:

City:

Country:

Mobile phone:

Home phone:

E-mail:

Date of birth:

### Marital status

Single

Married

Divorced

Other

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**Professional data**

<b>Fron/ Until (years)</b>	<b>Duties and Short description</b>	<b>company + Sector + Place</b>	<b>As salaried / autonomous/ Franchisee?</b>	<b>Experience / Skills that may be applicable to our franchise</b>

**Studies**

<b>Fron/Until (years)</b>	<b>Studies Brief description</b>

**Additional Information**

Knowledge in... ¿(Word, Excel, Outlook)?

**In which city would you implement the franchise?**

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**Do you manage the franchise directly? If not, indicate the profile manager.?**

**When would you like to open your franchise? (Store)**

In : less than 3 Months

6 Months

9 Months

12 Months

More than 12 months

**Funding:**

What own resources do you have available to invest in this project? (Indicate the amount in euros which you would have available)

In case you need a loan/funding indicate the amount required.

**Store:**

What are the main shopping streets of your town?

Is your store located in these shopping streets? If not, indicate why the choice of this street.

Is this store your property or do you rent it??

¿ How many m2 is the store?

¿ And how big is the front side?

¿Location (Street and number)?

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Shopping Mall??

Extra Comments on the store?

¿Where did you hear about Design Garments?

Signed on: \_\_\_\_\_, Date \_\_\_\_\_

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

Signature: \_\_\_\_\_

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