



BabySPA Franchise Application

Please fill in the blanks and email to franchise@babyspa.com.sg or fax to 6659 0293.

How did you learn about BabySPA?	
What do you value in a Franchise system?	
Is this your first business venture?	
Why do you think you can succeed with a BabySPA franchise?	
What are your hobbies and interests?	
Are you franchising alone or with a partner? If with a partner, they must also fill up a form.	
What percentage of your time can you dedicate to BabySPA?	

PERSONAL INFORMATION				
Name				
Address				
Contact Details	Email	Mobile	Home	Office
Work Experience				
Company	Address	Position	Start Date	End Date

FINANCIAL INFORMATION				
Actual monthly income	Yours		Spouse	
Available capital for investment				
Value of your real estate				
Mortgage on your real estate				
What is your household monthly expenses				

Other important information	
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OTHER INFORMATION			
How soon can you start this business?			
Which country and city do you plan to open business?			
Signature		Date	