

## FRANCHISEE INITIAL QUALIFICATION FORM

**Important Note:**

- We kindly request you to fill out this form thoroughly. Fields marked in \* are mandatory.
- Once completed, please submit it by emailing it to [info@inspire.qa](mailto:info@inspire.qa).
- Should you have any questions or require further clarification, feel free to reach out to us at the same email address.

Thank you for your time, attention, and cooperation.

### PERSONAL INFORMATION

Full Name \*

Phone Number \*

Email Address \*

Permanent Address \*

### PROFESSIONAL BACKGROUND

Current Occupation \*

Years of Experience \*

Do you have experience in the education or training sector? \*

Yes

No

If yes, please specify:

### FINANCIAL INFORMATION

Estimated Current Net Worth \*

Available Capital for Investment \*

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### FRANCHISE INFORMATION

Why are you interested in a franchise with Inspire Management Training Centre? \*

Location(s) you are interested in for the franchise \*

Are you looking for exclusivity in these cities/countries where you intend to have a franchise? \*

How did you hear about Inspire Management Training Centre's franchise opportunities?

### ADDITIONAL INFORMATION

Is there any other relevant information you would like to share?

### DECLARATION

Please select the option after reading the declaration \*

I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that the completion of this form does not obligate either party to enter into a franchise agreement.

I Agree

I do not agree

Signature:

Date: