



## PERSONAL INFORMATION FORM

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

Date: \_\_\_\_\_

Please attach your curriculum vitae.

*Please send completed and signed form to:*

Marcello's Market & Deli Inc.  
41-2450 Lancaster Road  
Ottawa, ON  
K1B 5N3 CANADA

*Or fax to:*  
(613) 738-2699



## FRANCHISE

All the information provided on this form will be treated confidentially. This form is not an agreement and does not bind Marcello's Market & Deli Inc. nor the person herein mentioned in any way. Each partner shall fill the present form.

**Please print or type.**

## PERSONAL INFORMATION

Male  Female

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ S.I.N: \_\_\_\_\_  
                  dd mm yyyy

Marital status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you personally, or any company in which you were a partner, declared bankruptcy? Yes  No

Explain: \_\_\_\_\_

Actual Health Status: Excellent  Good  Acceptable  Weak

If Weak or Acceptable, Explain: \_\_\_\_\_

Education level: \_\_\_\_\_

Degree(s) obtained: \_\_\_\_\_

Spoken language(s):	Excellent	Good	Acceptable	Weak
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## GENERAL INFORMATION

How much capital do you want to invest? Do you have a financing source? Yes  No

Do you have a partner? Yes  No

If yes, name of partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

## BUSINESS EXPERIENCE

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Position or responsibilities: \_\_\_\_\_

Duration of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Position or responsibilities: \_\_\_\_\_

Duration of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Have you already owned or operated a business: Yes  No

What type of Business? Describe: \_\_\_\_\_



## SECTION A – BANKING INFORMATION

List all your bank accounts and trust companies in which you have accounts or credits.

Name and bank branch and/or trust	Balance of account	Loans	Due date
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

## SECTION B – ACCOUNTS, NOTES & LOANS RECEIVABLE

Name and address of debtor	Amount	Loan type	Due date
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

## SECTION C – STOCKS, BONDS & SECURITY

	1	2	3	4
Value and number				
Description				
Registered in the name of:				
Cost				
Actual market value				
Past year income				



## SECTION D – LIFE INSURANCE

	1	2	3	4
Name of insured person				
Name of beneficiary				
Insurance company				
Type of policy				
Book value				
Amount borrowed on the policy				

## SECTION E – REAL ESTATE

All the rights and legal titles of any real estate listed below are completely owned by the undersigned.

	1	2	3	4
Purchase date				
Description & address				
Size				
Installations consist of:				
Amount of mortgages				
Instalment date				
Due date				
Actual value				



In Date Of: / /  
dd mm yyyy

## PERSONAL BALANCE SHEET

Notes payable (Section A)	\$
Credit cards balances	\$
Accounts & bills due	\$
Loans against insurance (Section D)	\$
Real estate mortgages (Section E)	\$
Other liabilities (Indicate)	\$
TOTAL LIABILITIES (2)	\$
NET WORTH (3) (= (1) - (2))	\$
TOTAL LIABILITIES AND NET WORTH	\$

## ANNUAL INCOME

Salary	\$
Bonus & commissions	\$
Dividends & interests	\$
Real estate income	\$
Other income (Indicate)	\$
TOTAL	\$

## CONTINGENT LIABILITIES

As endorser or guarantor	\$
On leases or contracts	\$
Legal claims	\$
Provisions for income tax	\$
Other liabilities	\$
TOTAL	\$



The undersigned hereby certifies that the information given in the foregoing statement is true and accurate and that no unfavorable information known to the undersigned or called for herein has been omitted. Marcello's Market & Deli Inc. is hereby authorised to obtain such information as it may require concerning said statement, which at all times shall remain the property of Marcello's Market & Deli Inc., and to procure consumer reports from credit reporting agencies and obtain personal and credit information from persons other than consumer reporting agencies. I hereby waive any responsibility from any person giving or receiving such information. It is understood that all information provided in this form and obtained pertaining to same will be treated confidentially by Marcello's Market & Deli Inc.

### REFERENCES (OTHER THAN FAMILY)

Name/Address	Known since	Telephone
1		( )
2		( )
3		( )

### PREFERRED LOCATION(S):

First Choice

Area: \_\_\_\_\_

Second Choice

Area: \_\_\_\_\_

Third Choice

Area: \_\_\_\_\_

Are you willing to relocate? Yes \_\_\_\_\_

No \_\_\_\_\_

Date: / /  
dd mm yyyy

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