

APPLICATION FORM



my
makeover
party

Personal Details

Name: _____

Home Address: _____

Tel. No: _____

Mob. No: _____

Email: _____

DOB: _____

Preferred Location: _____

Financial Details

Bank: _____

Address: _____

How long have you held this account: _____

Capital available to invest in this Franchise: _____

Employment History/Previous Experience

(a) Current Employer

Name: _____

Address: _____

Position: _____

Time with employer: _____

(b) Previous Employer (if less than 3 years with current employer)

Name: _____

Address: _____

Position: _____

Time with employer: _____

Signature(s): _____

Date: _____

Please complete and return to Paul Tough @ 56 Carters Close, Sherington, Newport Pagnell, Bucks, MK16 9NW