

# LICENSEE INITIAL ENQUIRY FORM

All information will be held in the strictest confidence



Where did you hear about us? \_\_\_\_\_

## CONTACT DETAILS

Full name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_ Skype address: (if applicable) \_\_\_\_\_

## CURRENT SITUATION

Employed  Self-employed  Business Owner

Company name: \_\_\_\_\_

Position or Job title: \_\_\_\_\_

Company background: \_\_\_\_\_

Company website: \_\_\_\_\_

Size of business (no of staff): \_\_\_\_\_ Annual turnover of business: \_\_\_\_\_

Location of company headquarters: \_\_\_\_\_

Main market you trade in: \_\_\_\_\_ Other markets you are present in: \_\_\_\_\_

## THE FRANCHISE

Business you are interested in:

Pre-school Training Franchise (Pingu's English)  Adult Training Franchise (Direct English)  Both

Primary market you are interested in: \_\_\_\_\_

Other markets you are interested in: \_\_\_\_\_

Opportunity sought: Master License  Unit License

Looking to launch the new business: within 6 months  within 1 year  in over a year

Are you the primary contact for this opportunity: Yes  No

If you answered 'No' to the above, please indicate other key contacts: \_\_\_\_\_

Approximate capital available for this opportunity: \_\_\_\_\_

## NOTES

Please include any further information you feel may be relevant: