



Current Photograph

Personal Data

Name : First Name :

Address :

.....

Phone Number : Mobile Number :

E - Mail Address :

Age : Place of Birth :

Marital Status : single married divorced

Number of Children : Age of Children :

Nationality :

Education

Type of School / School Leaving Certificate :

Name of University / College and Graduation Date :

Professional Career

Recognised Occupation Requiring Formal Training :

Current Profession :

Company (Address) :

.....

Former Professional Activity :

Date	Company/Address	Job Title
1. to
2. to
3. to
4. to

Have you ever been self - employed ? Yes No

If your answer is positive ("Yes"), please specify your line of business, the place, and the time when you ran your own business :

.....
.....

Why did you give up self - employment ?

.....

Would you personally run your Styleislam® shop ?

Yes

No

Is your spouse / domestic partner / a relative to work at your Styleislam® shop ?

Yes

No

Are you also willing to open a Styleislam® shop outside of your residential area ?

Yes

No

If your answer is negative ("No"), please list other preferred areas :

1. _____
2. _____
3. _____
4. _____

Have you got any positive capital ?

Yes

No

If your answer is negative ("No"), please explain how you conceive of covering your expenses ?

When is the soonest you could open your Styleislam® shop ? Span of Time / Date:

Place, Date

Signature



FRANCHISE APPLICATION

Please briefly explain how you were informed about the Styleislam® franchise system ?

Please send the filled - in application form to the following address :

Styleislam®
Head Office
Mozartstr. 26

58452 Witten
Germany

Alternatively, fax or e-mail the application to:

Fax : + 49 2302 9835354 / E-Mail : salam@styleislam.com