



## Franchise Application Form & Statement of Net Worth

### **STRICTLY CONFIDENTIAL**

Thank you for your expression of interest in acquiring a BioPed Footcare Centre Franchise. The attached application is provided to you, "the Applicant" by BioPed Franchising Inc. in order to determine your suitability as a BioPed Franchisee.

As the information provided here-under is an important component in determining and ultimately granting a BioPed Franchise, it is a fundamental requirement that all information be true, accurate and not in any way misleading.

To clarify your financial position you may be requested to produce proof of your financial situation. By submitting this application, each applicant understands and agrees and that BFI may contact your respective referees to assist in evaluating your application. You should, therefore, inform your referees of this fact and not list any referees that you do not want contacted.

Separate Franchise Application forms must be completed for all partners in the franchise, including, if applicable, the spouse.

This application does not represent, under any circumstances, a commitment on the part of BioPed Franchising to grant a BioPed Franchise to the applicant, nor does it represent a commitment on the part of the applicant to purchase a BioPed Franchise.

Once again, thank you for your interest in BioPed. Please complete all sections of this form and either fax or email back to our BioPed Corporate Head Office at (905) 829-5199 - attention Robin Schleien ([rschleien@bioped.com](mailto:rschleien@bioped.com)).



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Please let us know how you learned about this BioPed Franchise opportunity.

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<b>Personal Information:</b> Please indicate by checking off how you wish to be addressed:			
Mr.	Mrs.	Miss	Ms.
First Name:		Last Name	
Home Phone: ( ) -		Business Phone: ( ) -	
City:		Province	
Post Code:		Occupation	
Spouse's First Name:		Spouse's Last Name:	
Have you ever been convicted of a criminal offense for which a pardon has not been granted?			
If "Yes", please explain below:			
Have you, or any company with which you were associated with, ever been adjudicated or bankrupt			
If "Yes", please explain:			



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<b>BUSINESS EXPERIENCE</b>			
Present Occupation:		Position:	
Company:			
Describe your duties, number of employees supervised and responsibilities			
Spouse's Occupation::		Position:	
Company:			
Spouse's First Name:		Spouse's Last Name:	
Have you even been self-employed? Yes No If "Yes", please explain:			
Previous Business Experience: (give exact names, addresses and dates)			
From (Date)	To (Date)	Company	Position
<b>EDUCATION</b>			
Circle last year of school completed			
High School: 1 2 3 4 5		University: 1 2 3 4 5	
Post Graduate Program:			
Name of High School:		High School Location	
Name of University (1):		University location	
Name of University (2):		University location	
Describe any additional sales, marketing, management or retail training:			



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PERSONAL FINANCIAL INFORMATION		
<b>Present Annual Income:</b> What assets will be used to meet the cash requirements of the franchise?		
CENTRE FINANCING		
How will you finance your share of your BioPed Centre (e.g. what % cash, what % bank loan)		
Personal Income		
Salary	\$	\$
Bonus & Commissions	\$	\$
Real Estate Income	\$	\$
Dividends	\$	\$
Other Income	\$	\$
Spouse's Income		
Salary	\$	\$
Bonus & Commissions	\$	\$
Real Estate Income	\$	\$
Dividends	\$	\$
Other Income	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>



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PERSONAL FINANCIAL INFORMATION (CONTINUED)			
ASSETS (NEAREST 000's)		LIABILITIES (NEAREST 000's)	
Cash on hand and in banks	\$	Notes payable (complete Schedule # 2)	\$
Securities	\$	Accounts and bills due - Unpaid	\$
Accounts and notes receivable	\$	Other unpaid taxes and interest	\$
<b>Sub - total</b>	<b>\$</b>	<b>Sub - total</b>	<b>\$</b>
Real estate owned (Complete Schedule # 3)	\$	Real estate mortgages payable (complete Schedule # 3)	\$
Real estate mortgages receivables	\$	Chattel mortgages and other liens	\$
Automobiles and other personal property	\$	Other debts (see Schedule # 4)	\$
Other assets (see Schedule # 4)	\$	Total Liabilities	\$
<b>TOTAL ASSETS</b>		<b>NET WORTH</b>	<b>\$</b>
		<b>TOTAL LIABILITIES + NET WORTH</b>	<b>\$</b>

SCHEDULE 1 – SECURITIES		
# Shares	Securities	Current Market
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total</b>		<b>\$</b>

SCHEDULE 2 – NOTES PAYABLE	
Description	Amount Payable
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>





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CENTRE COMMITMENT			
How much time will you devote to the BioPed franchise business?			
In what capacity?			
When will you be available to start the business?			
PERSONAL REFERENCES			
Name	Occupation	Telephone	Years Known

The Franchise Applicant, hereby represents and warrants that all the information, financial and otherwise disclosed in the Franchise Application is true and correct to the best of his/her knowledge and further covenants to notify the Franchisor in the event of any material change in the information furnished by the applicant.

Dated, this day mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_

Signature \*

\_\_\_\_\_

Upon completion of this Franchise Application Form

1. E-mail back to BioPed Franchising Inc. @ [rschleien@bioped.com](mailto:rschleien@bioped.com) or
2. Print a hard copy, sign and fax to BioPed Franchising Inc. @ 905 829 5199

\* Your signature constitutes your approval for us to make a routine consumer credit check.