

GODIVA

Chocolatier

CONFIDENTIAL APPLICATION FORM

PERSONAL RECORDS

Name: _____

First name: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Private phone/mobile: _____ Professional phone/mobile: _____

E-mail address: _____

Date of birth: _____ Place of birth: _____

Picture

CIVIL STATUS

Single Married Divorced Cohabiting Other

If applicable:

Name and first name of spouse: _____ Age of spouse: _____

Profession of spouse: _____

CURRENT AND PAST PROFESSIONAL EXPERIENCE

From-To (years)	Function+ Short description	Company + Sector + Place	As Employee/ As Independent/ As Franchisee?	Experiences/skills that could be used for franchise partnership with Godiva

STUDIES

From-To (years)	Study + Short description of content	Experiences/skills that could be used for franchise part- nership with Godiva

OTHER INFORMATION AND SKILLS

Languages (active knowledge): _____

Computer knowledge (Word, Excel, Outlook): _____

Driver's license (Yes/No) : _____

*Mougats dipsés
Ecorces de citron confites
Coupelles de fruits*

And now, tell us some more about your motivation and reasons to become a Godiva franchisee and to start your own Godiva store.

Why did you choose this business sector and why did you choose Godiva?

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Why do you think you will become a successful Godiva franchisee?

Please describe yourself and your skills that are useful for running a Godiva Business. How would you develop your business? Do you have a network and how would you extend or build it?

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Where would you like to open your Godiva store?

What do you think the ideal place would be? In which town? Why there? Preference, if several places.

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Running your Godiva store as a franchisee... how would you organize the day-to-day operation?

Will you operate your store alone or with a team? How much time will you invest (days per week, hours per day) in running your Godiva business? On which kind of customers would you focus?

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When would you like to open a Godiva store?

In: 6 months 9 months 12 months More than 12 months

Finance

How much can you invest (own financial means)?

How much would you be able to borrow?

Any particular information or question?

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All information in this document will be treated confidentially and will not be disclosed to third parties unless needed for the selection procedure. Completing this document does not oblige Godiva to enter in any commercial or contractual relationship with the candidate. The candidate declares that the information and statements made in this application form are true and correct.

Signature

Date

Please send this application form to: Godiva Belgium, Elsbeth Vogelzang, Franchisee Coordinator,
Rue de l'Armistice 5, B-1081 Brussels (Belgium) or via Fax: +32 2 422 19 79