



LONDON CAPITAL COMPUTER COLLEGE

Office: +44 207 998 5850 Cell: +44 7476 824 280

Web: www.londoncomputercollege.co.uk Email: info@londoncomputercollege.co.uk

FRANCHISE/AFFILIATION APPLICATION FORM

PERSONAL DETAILS		
Full Name:		
Home Address:		
How long at this address:	From:	To:
Work Address:		
Work Phone:	Cell Phone:	Home Phone:
Nationality:	Passport/ID No.:	
OTHER INFORMATION		
Highest Academic/Professional Qualification:		
Describe your current business activities:		
Employment Record:		
Period	Name of Employer	Position
Have you ever been convicted of any crime? <i>If YES, please provide details:</i>		*Yes/No
Have you or anyone on your ownership team ever filed for bankruptcy? <i>If YES, please provide details:</i>		*Yes/No
Describe any lawsuits that you have been involved in and the nature of the lawsuits?		

FRANCHISE BUSINESS

Why are you interested in the London Capital Computer College franchise/affiliation?

Why do you think you will make an ideal London Capital Computer College franchisee/affiliate?

Do you have any previous experience in education training?

***Yes/No**

If YES, please provide details:

Do you have any previous experience in operating a franchise/affiliation business?

***Yes/No**

If YES, please provide details:

DECLARATION

I/we represent and warrant that all of the statements made by me/us in the above application are true and correct. I/we understand that if I/we make a false statement, such action will terminate my/our application for consideration. I/we understand that by signing this application, I/we authorise the *London Capital Computer College* (the franchisor and parent company of MacMaine School of Computing) and its associates to check my credit record, conduct a background, criminal investigation, conduct and whatever investigation as permitted by law. I/we agree that this application shall be and remain the property of London Capital Computer College and its associates whether or not this application is approved. I/we understand that this application does not obligate either party to engage in a business transaction in any manner. I/we have read:

the Franchise Agreement

the Franchise Fee Schedule

By ticking in the boxes above, I/we confirm full understanding and knowledge of the contents and meaning of each section in both Franchise/Affiliation Agreement and Fee Schedule.

	Applicant's	Partner or Spouse
Date of Birth:		
Drivers Licence / ID No.:		
Applicant Signature:		Date:
Partner of Spouse Signature:		Date:

Please attached **two**:

- i. ID Photos
- ii. Identification Copies (Passport/ID/Drivers Licence)

For Official Use:

LCCC Franchise/Affiliation Application Form