

## Questionnaire

1.4

### Company information

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Name of company

Address

Contact person

Title / Position

Phone

Email

Members of Board of Directors

Ownership

Line of business

Registration of company

Date of incorporation

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Please send this questionnaire,  
and any additional information  
you would like us to have, to:

Patrik Meier  
Chief of Operations (COO)  
Kieser Training AG  
Postfach  
8026 Zürich  
Switzerland

or email it to:  
[patrik.meier@kieser-training.com](mailto:patrik.meier@kieser-training.com)

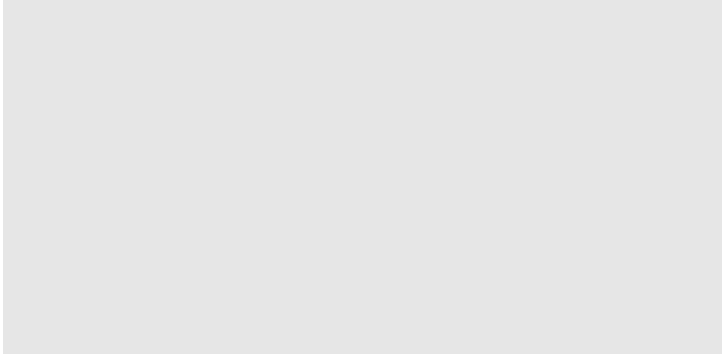
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## Questionnaire

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2.4

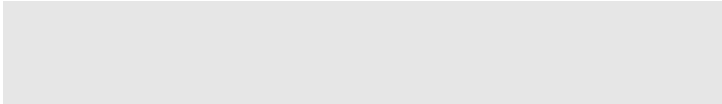
Brief Company history



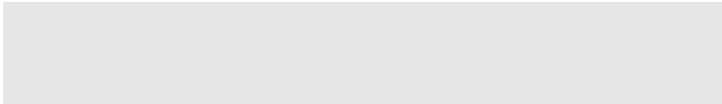
### Financial information

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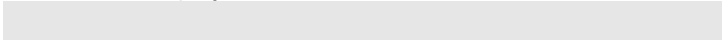
Turnover for past 3 years (optional)



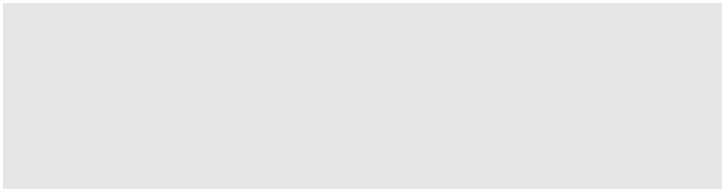
Profit for past 3 years (optional)



How much liquid capital does the company have available to invest in this project



Would you have additional sources of financing available?



## Questionnaire

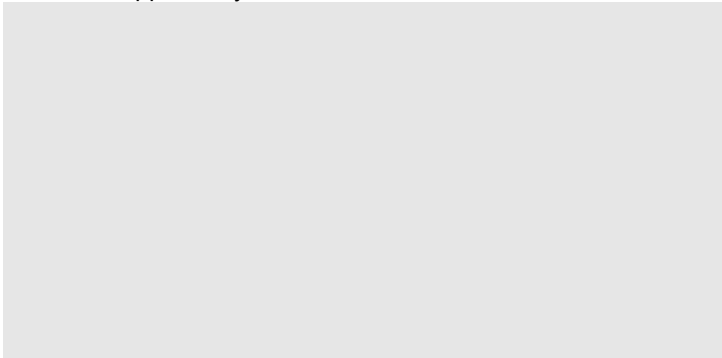
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3.4

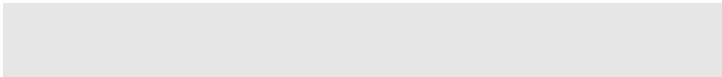
### General information

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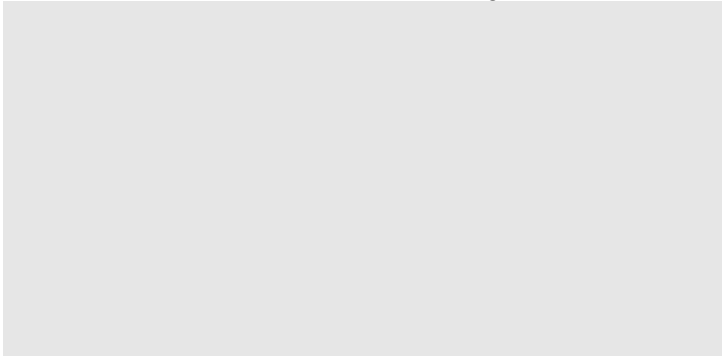
How did you become interested in the Kieser Training Master Franchise opportunity?



What is your Territory of interest?



What credentials does your company possess that would qualify it as a Master Franchisee for Kieser Training?

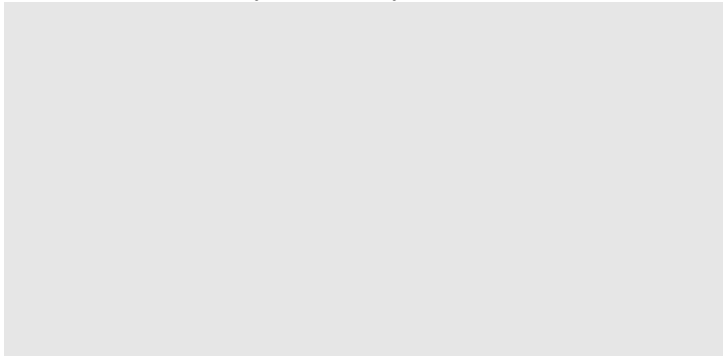


## Questionnaire

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4.4

Why do you feel your company would be successful in operating a Master Franchise in your Territory?



Please provide any additional information that you feel may be of importance for our decision to move forward on your proposal:

