

Questionnaire

1.4

Personal information

Name

Home Address

Home Phone / Mobile

Work Phone

Best time of day to reach by phone

Email

Date of Birth

Citizenship

Education (highest levels attained)

Marital status

Number and age of dependents

Partner's name

Partner's Occupation

Partner's Education (highest levels attained)

Please send this questionnaire, along with your CV 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

Questionnaire

2.4

Business information

Current Occupation / Business:

Job Title / Description:

Company Address:

Length of current employment / business:

Financial information

How much liquid capital do you (and your prospective business partners) have to invest in this project?

Would you have additional sources of financing available?

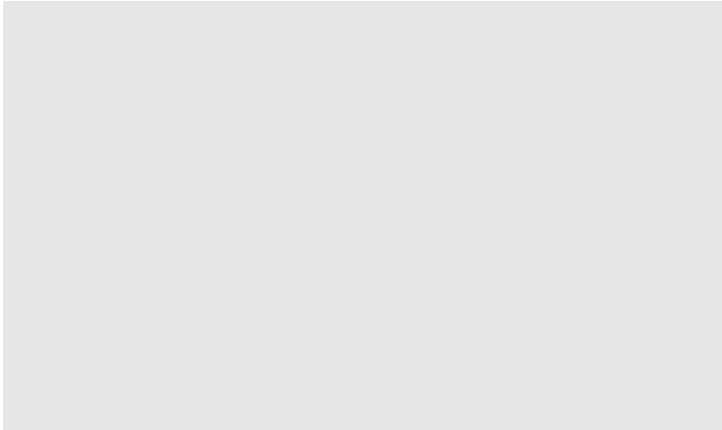
Please provide résumés of any prospective business partners:

Questionnaire

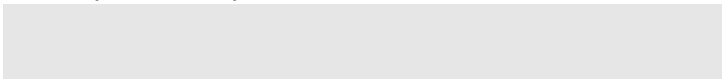
3.4

General information

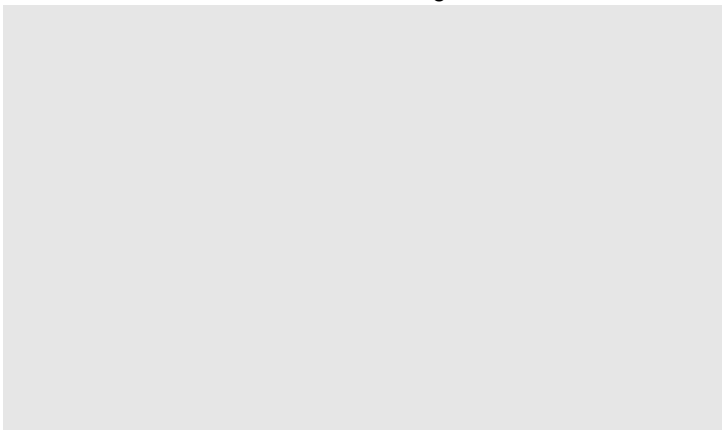
How did you become interested in the Kieser Training Master Franchise opportunity?



What is your Territory of interest?



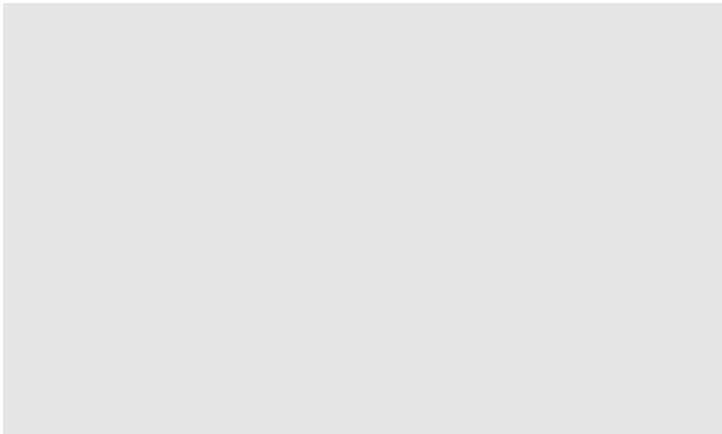
What credentials do you possess that would qualify you as a Master Franchisee for Kieser Training?



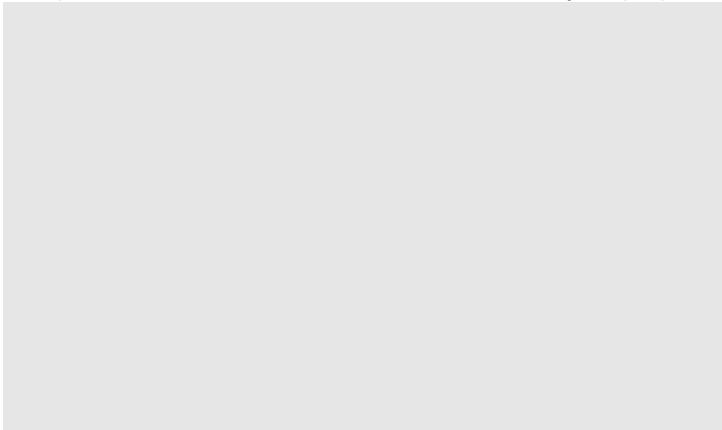
Questionnaire

4.4

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

A large, empty gray rectangular box intended for the respondent to provide their answer to the question above.

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

A large, empty gray rectangular box intended for the respondent to provide any additional information relevant to their proposal.