

PROSPECTIVE FRANCHISEE APPLICATION



Kumon Canada Inc.

6240 Highway 7, Suite 300

Woodbridge, ON L4H 4G3

Toll-Free: 1-800-266-6681

www.kumon.ca

www.kumonfranchise.ca

Please email the completed application franchisecanada@kumon.com or fax to the number indicated for your province below:

ON	905-856-2856
QC, NB, NS, PE, NL	514-733-2700
BC, AB, SK, MB, NT, YT, NU	604-454-1002

This application form is not intended as an offer to sell or the solicitation of an offer to buy a franchise. We offer franchises solely by means of our Franchise Disclosure Document. Certain provinces and foreign countries have laws governing the offer and sale of franchises. If you are a resident of one of these provinces or foreign countries, we will not offer you a franchise unless and until we have complied with all applicable legal requirements in your jurisdiction.



Prospective Franchisee Application

Thank you for inquiring about the Kumon franchise opportunity. Please complete the entire application. Please print or type. If an item does not apply to you, enter "N/A." Attach additional pages if necessary. False or misleading statements on this form are grounds for terminating the application process and /or grounds for terminating the franchise, should you be granted one. This application form is not an employment contract or franchise agreement. Submitting this form does not obligate you or Kumon in any way.

This application form should be completed by an individual whose intention is to be a full-time Kumon Instructor. In the Kumon franchise system, the Instructor who is trained and certified in the Kumon Method must operate the centre.

Kumon will not release personal information you provide us to third parties without your written consent, absent court order or other legal process.

PERSONAL DATA:

Name: Mr./Mrs./Ms. _____, _____ <small>(circle one) Last First Middle</small>									
Address: _____ City: _____ Province: _____ Postal Code: _____ Email Address: _____	Telephone: Home: () _____ Work: () _____ Cell: () _____ Fax: () _____								
Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you eligible to own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not a Canadian Citizen, what is your immigrant or non-immigrant status? <small>(Please provide documentation)</small> _____	Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No Their Ages: _____ Do they currently attend Kumon? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently work or volunteer at a Kumon Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No Instructor's Name? _____								
How did you learn of our organization? Check all that apply. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Through a friend</td> <td style="width: 50%;">_____ Newspaper (which paper?) _____</td> </tr> <tr> <td>_____ Have children in Kumon</td> <td>_____ Radio (which station?) _____</td> </tr> <tr> <td>_____ Teacher Referral</td> <td>_____ Website (which site?) _____</td> </tr> <tr> <td>_____ Other _____</td> <td></td> </tr> </table>		_____ Through a friend	_____ Newspaper (which paper?) _____	_____ Have children in Kumon	_____ Radio (which station?) _____	_____ Teacher Referral	_____ Website (which site?) _____	_____ Other _____	
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_____ Have children in Kumon	_____ Radio (which station?) _____								
_____ Teacher Referral	_____ Website (which site?) _____								
_____ Other _____									

EDUCATION: A four year degree is required. Please attach proof of graduation from a four year degree program.

School	Name & Location	Course of Study	Years Completed	Degree or Diploma
College/University				
High School				
Other				

SPECIAL SKILLS, ABILITIES, ETC.:

	Languages: What is your native language? _____ What other languages do you speak/write? _____ _____
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EMPLOYMENT AND BUSINESS HISTORY: (Start with present or most recent employer. An updated resume must accompany this application.)

Company Name & Address: _____ _____ Telephone Number: () _____ Supervisor's Name: _____	Description of Duties: 	Dates Employed: From: _____ To: _____ Reason for leaving:
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Company Name & Address: _____ _____ Telephone Number: () _____ Supervisor's Name: _____	Description of Duties: 	Dates Employed: From: _____ To: _____ Reason for leaving:
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Do you now or have you ever been licensed to operate a franchise? Yes No
 If yes, describe: _____

Are any lawsuits pending against you? Yes No
 If yes, describe: _____

Have you ever been convicted of a crime (except traffic misdemeanors)? Yes No
 If yes, describe: _____

Have you ever been arrested? Yes No
 If yes, please explain: _____

BUSINESS PLAN:

City or Town in which you are interested: _____

If that area is not available, are there other areas of interest? *Please list:* _____

When will you be able to start this business? ___ / ___ / ___

How many hours per week will you devote to this business? _____

(Kumon requires franchisees to dedicate themselves full-time to the operation of the Kumon Franchise. You cannot hold any employment if you are granted a Franchise.)

PERSONAL REFERENCES:

Name	Address	Telephone Number	Relationship

FINANCIAL STATEMENT: As of _____, 20 _____.

This is a statement of: (Please check one:) My individual financial information The financial information of my spouse and me
We require \$70k - \$150k liquid assets. We will require you to complete a more detailed financial check in which you must provide proof of the information provided (bank statements, paystub, stocks, tax returns).

Assets	Amount
Cash in banks	\$ _____
Real estate	\$ _____
Stocks and Bonds	\$ _____
Accounts receivable	\$ _____
Cash surrender value of your life insurance	\$ _____
Auto 1 (year and make)	\$ _____
Auto 2 (year and make)	\$ _____
Other assets (describe)	\$ _____
TOTAL ASSETS	\$ _____

Liabilities	Amount
Notes payable to bank	\$ _____
Real estates amount owed	\$ _____
Loans on life insurance policies	\$ _____
Other liabilities (describe)	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL LIABILITIES	\$ _____

NET WORTH (Total Assets minus Total Liabilities) \$ _____

Annual Income	Amount
Salary or wages (own)	\$ _____ (net)
Salary or wages (spouse)	\$ _____ (net)
Dividends and interest	\$ _____
Rental income (gross)	\$ _____
Business income (net)	\$ _____
Other income (describe)	\$ _____
	\$ _____
TOTAL INCOME	\$ _____

Annual Expenditures	Amount
Property taxes and assessments	\$ _____
Federal and provincial income taxes	\$ _____
Real estate mortgage payments (per year)	\$ _____
Payments on contracts (Other notes)	\$ _____
Estimated living expenses	\$ _____
Other	\$ _____
TOTAL EXPENDITURES	\$ _____

Do you currently have a source of financing? Yes No

Savings Account: Yes No

How much capital are you able to invest? _____

Checking Account: Yes No

Will you use personal assets to finance this franchise? Yes No

Please explain: _____

Have you filed for bankruptcy or compromised a debt during the past seven years? Yes No

If yes, please explain. Attach additional sheets, if necessary. _____

Are your cash deposits held in joint tenancy? Yes No, with whom? _____

Bank Name: _____ Phone: () _____

Address: _____ City/Province/Postal Code: _____

KUMON CANADA INC. AUTHORIZATION AND RELEASE:

As part of the application and approval process I understand that certain background investigations may be conducted. I hereby authorize Kumon Canada Inc. (the "Company") or its agent or contractor to procure a Consumer Report which could include obtaining and/or verifying information regarding credit worthiness, credit standing, credit capacity, general character, general reputation or personal characteristics. This report may be compiled with information obtained from credit bureaus, court record repositories, department of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source.

I authorize law enforcement and other government agencies to release to the Company, or its agent or contractor, any existing personal information regarding myself relative to the conviction of any criminal act.

I authorize all appropriate individuals, companies, institutions, schools, government authorities to release, or verify any information.

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Name: Mr./Mrs./Ms. _____
(circle one) Last First Middle

Previous Name: (maiden, a.k.a.) _____

Address: _____ **Phone Numbers:**
_____ **Business:** () _____

City/Province/Postal Code: _____ **FAX:** () _____

Province: _____ **Country:** _____ **Residence:** () _____

Social Security Number: _____ **Date of Birth:** _____ / _____ / _____
Month Day Year

Driver's License Number and Province: _____

Please list cities, provinces and countries of residence, work and education for the last seven (7) years: _____

Signature: _____

Date: _____

Kumon will not release personal information you provide us to third parties without your written consent, absent court order or legal process.

REQUIRED COMMENTS:

Please use this space and any additional sheets to tell us anything else you think is relevant, such as family business history, your personal business objectives, and what your most significant contribution would be if you are granted a Kumon Franchise.

Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

CERTIFICATION AND WAIVER:

I certify that the information I have provided on this application is complete and correct. I understand that false or misleading statements on this form are grounds for terminating the application process, and/or grounds for terminating my franchise, should I be granted one.

Print Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Received By: _____ Date: _____