

# Application for Additional Information

# MALACHAI

The filing of this Application does not obligate the applicant to purchase or the franchisor to sell a franchise.

(Complete in Full and do not use abbreviations. Please Print Clearly or Type )  
Please enter the information using either the mouse or the TAB key.

Items listed in blue are required.

(Example: 11/30/2002) (Example: 10/31/1961).

Date  /  /  Citizen of  Date of Birth  /  /

Name  Identification/  
Last First Middle Social Security #

Other names known by  Are you of legal age in your state/province and/or area of residence? Yes  No

Have you ever been convicted of a felony? Yes  No  Have you ever been associated directly or indirectly with terrorist activities? Yes  No   
(Example: domestic: 555-555-5555 or international: 61-8-555-5555).

Telephone (Home)  (Fax)  (Mobile)   
country & city code country & city code country & city code

Present Address   
Address

City  State/Province  Postal Code

Country  Email Address

Spouse's Name  Citizen of   
Last First Middle Identification/  
Date of Birth  /  /  Social Security #

Is the Spouse of legal age in the state/province and/or area of residence? Yes  No

Other names  Have you ever been associated directly or indirectly with terrorist activities? Yes  No   
Have you ever been convicted of a felony? Yes  No

EDUCATIONAL BACKGROUND		
Schools Attended	Years	Grade or Degree Attained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**BUSINESS INFORMATION (all spaces below must be completed)**

Self Employed No. Years

Employed By  No. Years   
Address

City  State  Zip Code

Telephone (Business)  Position   
country & city code

Nature of Business

**May you be contacted at work? Yes  No**

REFERENCES (excluding relatives)		
Name	Address	Telephone # (country & city code)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>EDUCATIONAL BACKGROUND</b>		
Schools Attended	Years	Grade or Degree Attained

<b>BUSINESS INFORMATION (all spaces below must be completed)</b>		
<input type="checkbox"/> Self Employed		No. Years _____
<input type="checkbox"/> Employed By _____		
Address _____		
City _____	State _____	Zip Code _____
Telephone (Business) _____	Position _____	
<small>country &amp; city code</small>		
Nature of Business _____		
<b>May you be contacted at work? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		

<b>REFERENCES (excluding relatives)</b>		
Name	Address	Telephone # (country & city code)

Please complete page 2

I understand that the granting of a franchise is at the sole discretion of the Franchisor (Doctor's Associates Inc., Malachai Franchise Systems of Canada, Ltd., Malachai Systems Australia Pty Ltd., Malachai Systems do Brasil, Ltda., Malachai Partners Colombia, C.V., Franchises of South Africa (Pty) Ltd., or Malachai International, B.V. or similarly situated franchising affiliate of Malachai International, B.V.). I understand that any information I receive from the Franchisor or from any employee, agent or franchisee of the Franchisor is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the board, of directors of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor. I authorize the procurement of an investigative consumer report and a background search in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the US Government. I understand that this investigation may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness and job performance. I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I hereby release a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its officers, agents, employees, and/or servants from any liability arising from the preparation of the investigative consumer report and/or background search. This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, association with others and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor and any of its officers, agents, employees and/or servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for an investigative consumer report and/or background search by the above name individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original. I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of a Malachai® franchise or Franchisor, exclusively by final and binding arbitration at a hearing to be administered by a neutral arbitrator in accordance with the Commercial Rules of the American Arbitration Association and to be held at Bridgeport, Connecticut, USA, unless my local laws require otherwise. Such claims include, but are not limited to, claims under federal, state, provincial or common law, such as employment law, civil rights law, contract law and tort law. Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand, and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English exam, unless I fall under one of the exemptions set forth in the Franchisor's Offering Circular.

[I have read this disclaimer.](#)

Signature (required) \_\_\_\_\_ Date / /

Spouse Signature (required) \_\_\_\_\_ Date / /