

**Bahamas Telecommunications Company Limited
Franchisee Pre-Qualification Questionnaire**



Please return this completed form via e-mail to:
Dwight Gibson | Senior Manager, Franchise Operations & Indirect Channels | dwight.gibson@btcbahamas.com

PERSONAL INFORMATION *(Please type or print legibly)*

Name:					
Date of Birth:		Age:		Nationality:	
Mailing Address:					
Street Address:					
Tel. (Wk)		(Mobile)		(Hm)	
Email Address					
NIB #:		Driver's License #:		Passport #:	

PERSONAL INFORMATION – SPOUSE *(If Applicable)*

Name:					
Date of Birth:		Age:		Nationality:	
Mailing Address:					
Street Address:					
Tel. (Wk)		(Mobile)		(Hm)	
Email Address					
NIB #:		Driver's License #:		Passport #:	

EDUCATION

Years Completed (please circle)	High School 1 2 3 4 5 6	College 1 2 3 4	Grad School 1 2 3 4
Degrees	High School	College	Grad School
Schools Attended	High School	College	Grad School

EMPLOYMENT/BUSINESS EXPERIENCE *(list current employer/business first)*

Name		Dates - From		To	
Address					
Position	Annual Income				

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Name		Dates - From		To	
Address					
Position			Annual Income		

Name		Dates - From		To	
Address					
Position			Annual Income		

PERSONAL REFERENCE (1)

Name			Relationship:
Address			
Tel. (wk)		(mobile)	(home)
Email			Years Known:

PERSONAL REFERENCE (2)

Name			Relationship:
Address			
Tel. (wk)		(mobile)	(home)
Email			Years Known:

PERSONAL REFERENCE (3)

Name			Relationship:
Address			
Tel. (wk)		(mobile)	(home)
Email			Years Known:

BUSINESS REFERENCE (1)

Name			Relationship:
Address			
Tel. (wk)		(mobile)	(home)
Email			Years Known:

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BUSINESS REFERENCE (2)

Name			Relationship:
Address			
Tel. (wk)		(mobile)	(home)
Email			Years Known:

GENERAL INFORMATION

<p>Have you or any member of your family ever been affiliated with or employed by BTC? YES NO If YES, please explain</p>
<p>If your response above is YES:</p> <p>Will the family member(s) referred to above have an interest (beneficial ownership) in the business (held directly or by any other party for the benefit of or on behalf of the family member) or derive any direct or indirect benefit from the operation of the business?</p> <p>Please give a detailed response.</p>

<p>Do you now or have you owned a business? YES NO If YES, please explain</p>

<p>Do you intend to operate and manage this franchise yourself? YES NO If NO, who will be responsible for the daily operation?</p>

<p>Will any other parties will be involved in the franchise as operators or partners or hold a beneficial interest in the business?</p>
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What are your intentions/projections regarding the amount of time that will be committed to this franchise

What amount of capital do you have available to invest in this franchise?

If additional funds are needed how will you obtain them?
<input type="checkbox"/> Personal Funds <input type="checkbox"/> Bank Loan <input type="checkbox"/> Other Business <input type="checkbox"/> Other (Please explain)

If successful, when would you like to open your franchise location?
Where do you propose to operate this franchise location? (give specific location details)

Assets	
Cash Available	
Accounts & Loans Receivable	
Notes Receivable	
Life Insurance (Cash Value)	
Stocks & Bonds	
Pension Plan Fund	
Real Estate	
1) Home	
2) Land	
3) Car	

Liabilities	
Notes Payable to Banks	
Notes Payable to Others	
Loans Against Life Insurance	
Accounts Payable	
Mortgages	
Other Liabilities	

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Other Assets			
TOTAL ASSETS		TOTAL LIABILITIES	

NET WORTH	
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Upon the signing of this application, I hereby certify that all information supplied to BTC is true and correct, and acknowledge that BTC can rely on this information to assess my qualifications for a BTC franchise. I am aware that any material misrepresentation in this document or at any time in the process of BTC's consideration of any proposal submitted by me hereunder may be grounds for BTC to decline consideration of such proposal. I further acknowledge that receipt and review of this PQQ by BTC and the visit to and assessment by the company of any location that I have proposed herein, or otherwise, do not establish a business relationship or an agreement between myself and BTC or any obligations on the part of either party.

Signature		Spouse Signature (if applicable)	
Name (please print)		Name (please print)	
Date		Date	

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Please use this space to provide details which may assist us in evaluating your qualifications as a BTC franchisee. (e.g. Why are looking at franchise opportunities now? What interests you about the telecommunications business? Explain why you would be a good franchisee, etc.)

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