

BE A PART OF SOMETHING AWESOME!
OCULUS FRANCHISE APPLICATION FORM



WELCOME DETAILS

Thank you for your interest in partnering with Oculus Training Group! We work in an exciting world and are excited for the opportunity to expand and share it with you.

An Oculus franchisee will need to pass the following initial criteria to be approved:

1. Do you have approximately \$150,000 USD, free and clear funds available?
2. Do you have customer service, sales, hospitality and training experience?
3. Are you committed to working a minimum of 40 hours per week in your business?

If you answered yes to the questions above, then we would love to hear from you!

The following application form is designed to assess your suitability as an Oculus franchise. Our goal is to ensure that our franchise partners are set up to succeed, and that starts with this application.

Although we welcome every inquiry, we do maintain strict experience and residency standards to ensure the growth of the Oculus brand is in a sustainable direction. Unfortunately, this means that not every application will be accepted.

Please read the application carefully and complete every section. All information is required in order to process your application.

Again, thank you for your interest in Oculus and good luck! I am excited to learn more about you.

Warm Regards.



Kevin James Saunders
Chief Company Culture Director

PERSONAL INFORMATION

First and Middle Names

Family Name

Home Telephone #

Mobile #

Email Address

Social Insurance Number #

Date of Birth (DD/MM/YY)

Gender

Country of Citizenship

Street Address

Apartment #

City

State

Country

Postal Code

Are you legal age in your State/Province/Residential Area? YES or NO

Have you ever been convicted of a felony? If YES, explain.

Have you been involved in any litigation proceedings within the last 5 years? If YES, explain.

Have you ever declared personal bankruptcy? If YES, explain.

SPOUSE PERSONAL INFORMATION

First and Middle Names

Family Name

Home Telephone #

Mobile #

Email Address

Social Insurance Number #

Date of Birth (DD/MM/YY)

Gender

Country of Citizenship

Street Address

Apartment #

City

State

Country

Postal Code

Are you legal age in your State/Province/Residential Area? YES or NO

Have you ever been convicted of a felony? If YES, explain.

Have you been involved in any litigation proceedings within the last 5 years? If YES, explain.

Have you ever declared personal bankruptcy? If YES, explain.

EDUCATIONAL BACKGROUND

Last Year of School Completed

Name of School

Degree

List any additional training/schooling

BUSINESS EXPERIENCE

Please provide us of the summary of your business experience over the past 10 years.

Current Occupation

Position

Dates Employed

Company Name

Company Address

Job description and duties

Past Occupation

Position

Dates Employed

Company Name

Company Address

Job description and duties

Past Occupation

Position

Dates Employed

Company Name

Company Address

Job description and duties

Have you ever owned your own business or a Franchise? If YES, explain

Have you ever had a business fail? If YES, explain.

FINANCIAL INFORMATION

Income from current occupation

Income from other sources

Explain all sources of income

Personal Bank Name

Branch and Account Number

Address

Personal Bank Name

Branch and Account Number

Address

Personal Bank Name

Branch and Account Number

Address

List Individual Liquid Assets (cash, stocks, etc.)

List Individual Fixed Assets (home, car, etc.)

Individual Total Assets (liquid+fixed)

List Individual Liabilities (mortgages, loans, credit cards, etc.)

List Individual Total Net Worth (total assets - liabilities)

Would this business be your sole income source?

PARTNERS

Will you have a business partner? If yes, complete this section

Partner Full Name (First/Middle/Last)

Gender

% of Ownership

Active or Silent

Partner Full Name (First/Middle/Last)

Gender

% of Ownership

Active or Silent

Partner Full Name (First/Middle/Last)

Gender

% of Ownership

Active or Silent

OTHER

List any hobbies, community activities, special interests or other pertinent information.

Will you devote your full time to this business?

Have you ever worked at Oculus before? If yes, explain.

Have you ever worked for an Oculus client? If yes, explain.

What city/location/geographical area are you applying for?

What is your time-line to open a Franchise?

REFERENCES

| | |
|-----------------|--|
| First Name | |
| Last Name | |
| Mailing Address | |
| Home Phone # | |
| Mobile # | |

| | |
|-----------------|--|
| First Name | |
| Last Name | |
| Mailing Address | |
| Home Phone # | |
| Mobile # | |

| | |
|-----------------|--|
| First Name | |
| Last Name | |
| Mailing Address | |
| Home Phone # | |
| Mobile # | |

I understand that the granting of a franchise is at the sole discretion of the Franchisor (Oculus Hospitality Training & Business Solutions Inc). I understand that any information I receive from the Franchisor or from any employee, or agent 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 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 the benefit of the Franchisor. I certify that the information presented in this Application is true and accurate. I grant the Franchisor permission to perform usual inquiries, reference checks, credit, and criminal checks regarding the information provided in this application. Print Name below to acknowledge you have read the disclaimer and to indicate consent to perform credit and criminal checks. Signature will be required at time of sale.

Applicant's Name (Print), date and signature.

Spouse's Name (Print), date and signature.

ADDITIONAL INFORMATION

DONE?

When you have completed the application, please submit your package via mail or fax.

POST

Oculus Training Group
Suite 170, 422 Richards Street
Vancouver, British Columbia
Canada, V6B 2Z4

FAX

1-604-648-8173