



CONFIDENTIAL QUESTIONNAIRE

The start-up of MASKPRO requires evaluation and filling up this form with all needed information which is a big step in the process. All information will be treated 100% confidential and does not obligate you in anyway. Email this together with your

Letter of Intent to: **cs@maskpro.ph**

APPLICANT'S PERSONAL INFORMATION

Name: _____
Business Address: _____
Telephone: (____) _____ Facsimile: (____) _____ Email: _____
Home Address: _____
Telephone: (____) _____ Facsimile: (____) _____ Email: _____
Date of Birth: ____/____/____ Place of Birth: _____
Civil Status: _____ Citizenship: _____
Course: _____ Year Graduated: _____

EMPLOYMENT BACKGROUND

Current Employment: _____
Job Title: _____ Annual Income Pesos: _____
Most Recent Employment: _____
Job Title: _____ Annual Income Pesos: _____

SPOUSE

Name: _____
Date of Birth: ____/____/____ Place of Birth: _____
Are you currently employed? YES ____ NO ____ Self-employed? YES ____ NO ____
Company: _____
Company Address: _____
Telephone: (____) _____ Facsimile: (____) _____ Email: _____
Job Title: _____ Annual Income Pesos: _____

BUSINESS/ PERSONAL REFERENCES

All needed information in this section should be filled-up completely

Complete Name: _____
Job Title / Occupation: _____
Company Address: _____

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Company Address: _____

FINANCIAL INFORMATION

NET WORTH (Assets minus Liabilities) Pesos: _____
Experience in operating a business, If any _____

Do you operate any franchise, If yes, Please give details: _____

Please provide the complete address for your proposed site: _____

KINDLY ATTACH A LOCATION MAP OF YOUR PROPOSED SITE

Date: ____/____/____ Signature: _____