SELF-ASSESSMENT AS A FRANCHISE PARTNERFOR A WONDERWAFFEL STORE



With complete and correct information, we can process your application more quickly. The fact, that we do this with great care and strict confidentiality is self-understandable. Activities (the latest first).

	Name
	First Given Name
	Adress
Your photo	Zip CodePlace
	Email
	Private Phone
	Prefix Phone Number
Mobile Phone	
Prefix Phone No	
Date of Birth	
Nationality	
Marital Status	
Number of Childre	en
Their Age/	/
please check	
Partner working	yes no
	r
What kind of Grad	utaion do you
have (latest)?	
What courses of fu	urther education?