



APPLICANT INFORMATION

WHEN COMPLETING THIS FORM, PLEASE TYPE IN THE FORM, AS FORM WILL BE ELECTRONICALLY SCANNED
PLEASE ATTACH A PERSONAL RESUME

Name :	Home Phone :	Hand Phone :
Address :	Postcode :	Fax No. :
	IC No. :	Date of Birth :
Email :	Marital status :	Citizenship :
Name of spouse :	IC No. :	
Education : Highest level of education completed	Degree (s) :	
Name of college and/or graduate school and/or university _____		
<u>Present Occupation</u>	Position :	Date Employed :
	Company :	

Are you presently a Director of any company? Yes No
If Yes, please list –

	Company Name	Registration No.
1.	_____	_____
2.	_____	_____
3.	_____	_____

Business Experience : Please provide a brief summary of your background

<u>Financial Assets</u>	<u>In EGP</u>	<u>Liabilities</u>	<u>In EGP</u>
Business		Loan payable to bank	
Real estate	_____	Other loan payable	_____
Cash on hand (bank)	_____	Real estate mortgages	_____
Annual income	_____	Others - specify	_____
Others - specify	_____		_____
	_____		_____
	_____		_____
Total Assets	_____	Total Liabilities	_____
		Net worth	_____
Total cash available to invest in InShape Clinics (in EGP)	_____		_____

Date _____ Signature _____

Please send the completed form to the following address : info@inshape-clinic.com
For inquiries please call : (2)0100-9715000