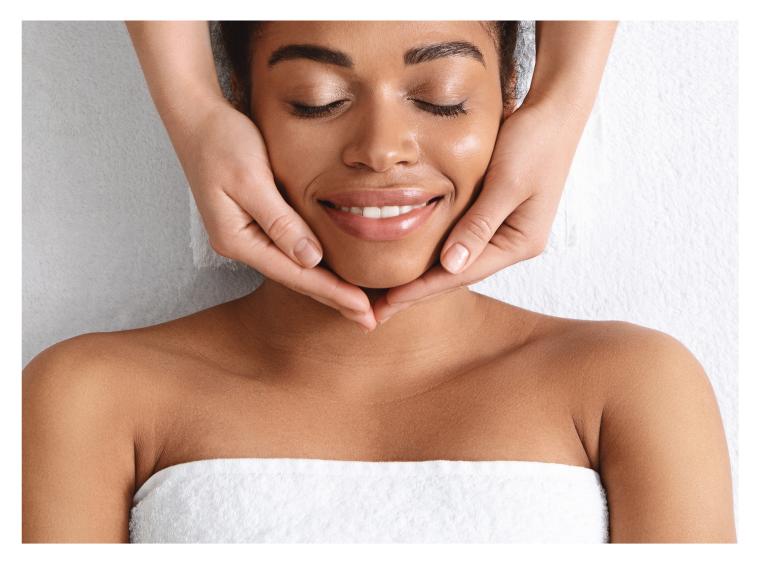
SALON NA BOX



WIN A SALON STARTER KIT

SECTION A:

PERSONAL DETAILS OF THE POTENTIAL STOCKIST:

Note:

1. This section is to be completed by the stockist who would like to enter the competition and who will be responsible for the day-to-day management of the salon. 2. Please attach a copy of your I.D. Document as well as a recent photograph of yourself together with your up-to-date Curriculum Vitae.

Surname:	
First names:	
Known as:	
Place of birth:	Nationality:
Date of birth:	ID Number:
Residential address:	
	Code:
Postal address:	
	Code:
Telephone (Business):	Telephone (Home):
Mobile:	Email:
Permanent SA Citizen:	
EXPERIENCE:	
Current Position:	Length of Tenure:
Previous Position (1):	Length of Tenure:
Previous Position (2):	Length of Tenure:
Previous Position (3):	Length of Tenure:

*REMEMBER TO ATTACH A COPY OF YOUR ID, A RECENT PHOTO OF YOURSELF AND AN UP-TO-DATE CV

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EDUCATION:

	Highest standard passed:		Year:		
	Do you have a degree or diploma?: Y		If YES, specify:		
	Formal apprenticeships or pupilage?:		If YES, specify:		
	Do you have any formal business skills?: Y]	If YES, specify:		
	REFERENCES:				
0	Name:				
	Address:				
			Code:		
	Telephone:				
	Position / Relationship:				
2	Name:				
	Address:				
			Code:		
	Telephone:				
	Position / Relationship:				
3	Name:				
	Address:				
			Code:		
	Telephone:				
	Position / Relationship:				
	Date:	Name:		Signatura	
				Signature:	

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SECTION B: GENERAL PROPOSAL OVERVIEW:

*Should space be insufficient, please attach a separate page.

Why have you entered this competition?

What knowledge do you have of the beauty industry in general?

Describe the key financial metrics that would contribute to the success of a Beauty business?

How would you interpret the business risk associated with opening a Beauty Business?

How would you define success in this business?

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SECTION C: DECLARATION & DISCLAIMER:

* Remember to attach a copy of your I.D. Document as well as a recent photograph of yourself together with your up-to-date Curriculum Vitae.

Do you currently own or have you ever owned any other business?		Y
-----------------------------------------------------------------	--	---

If YES, please supply the following details:

Name of business:

Nature of business:

Period of existance:

I, the undersigned, hereby certify that:

• I submit the above information as a complete and true personal record at the time of the date shown below.

• The information provided in this entire application form is true and correct.

I, the undersigned, hereby authorize Vitaderm to:

• Capture my personal information and make my name, surname and identity number available to the South African Police Service if applicable.

• Obtain personal or any other relevant information, such as is usually furnished by them in this regard.

• Verify my identity and any information I have provided.

• Conduct a full credit check on my credit history.

No personal information can be shared with any third parties without my specific approval and may not be sold, distributed or leased to third parties unless my permission has been granted.

I acknowledge the fact that this application does not bind or obligate any party in any manner.

Signed at ______ on this _____ day of _____ 2023.

Signature of applicant

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