

## TURNKEY BEAUTY STUDIOS

Client's Information			
Full Name:			
Date of Birth:	Age:	Fe	male Male
Address:		City:	ZIP Code:
E-mail:		Phone:	
Online guide  Was the online information you read suf	ficient or do you requi	re a consultati	on for further information?
Industry and experience			
Please tell us about your current field o	f employment, busines	ss & position:	
Are you investing in this busines yes, please provide details	ss by oneself, or d	o you have	a business partner, if
Full Name:			
Phone:	Relations	ship:	

## Funding of your salon/studio

Please let us know whether you have the funding available or whether you would need to apply for business funding:
Which locations are you considering opening your salon/studio
1.
2.
3.
4.
5.
Which of the business models would you be interested in?
1. Soft Nail Salon R400 000 2. Premium Nail Salon R500 000 3. Grandeur Nail Salon R650 000
Consent and Agreement
II have provided accurate information to the best of my knowledge. I consent to an NDA between Aara Beau Brands and myself, and further discussions regarding Aara Beau Brands, and myself/ brand.
Client's Signature:
Date: