

# EXPRESSION OF INTEREST

For parties interested in either the NOVU Aesthetics or NOVU Lite franchise business, please complete this Expression of Interest (EOI) form and return it to our Business Development coordinators, or email the completed form to [service@novuclinic.com](mailto:service@novuclinic.com)

Our Business Development team will be in touch with you within 5 working days and will provide you with the full franchise application kit.

For more information about NOVU, please visit [iamnovu.com](http://iamnovu.com) or download NOVU Aesthetics mobile app, available on both Google Play store and Apple Store

## Personal Details

Title	Given name(s)	Surname
<hr/>		
Mailing Address <hr/>		
City <hr/>	Province/State <hr/>	Country <hr/>
Phone <hr/>		(Mobile) <hr/>
Email <hr/>	Date of birth <hr/>	
ID Number/Passport <hr/>	Nationality <hr/>	
Marital Status <input type="checkbox"/> Single		
<input type="checkbox"/> Married (Please provide Maiden name if applicable) <hr/>		
Highest Degree Qualification <hr/>		Year <hr/>



aesthetics

How did you learn about NOVU?

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Please indicate the reasons for your interest in running a NOVU franchise?

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Are you involved, or have you been involved other franchises? If yes, provide details below.

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Describe any shareholding and/or directorship in other businesses?

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### Franchise Intent

Region of Interest \_\_\_\_\_ (City/Cities) \_\_\_\_\_ (Country)

Your time commitment to operating NOVU outlets  Full-time  Part-time

If Part-time, please explain

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Will you have other partner(s)?  Yes  No

If yes, will your partner be involved in the clinic management?  Yes  No



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Describe any prior training in beauty, aesthetics, sales, marketing, management or retail:

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Do you or any persons related to/associated with you, have any medical device/beauty equipment/ beauty salon/ aesthetics/medical industry experience? If yes, please advise with what company, position and number of years with the company.

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NOVU appreciates the time and effort you have put into the completion of this form. Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by NOVU to assess your application and carry out each check as are required to verify your information and your suitability as an extended NOVU franchisee. You agree that you will notify NOVU of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal from the NOVU programme.

**By signing below, I certify that the information provided is complete and accurate summary of my actual situation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



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