

Application Form

For the acquisition of a franchise as a Pharmacist Owner

Please complete this form and send it to the requester's email address.

Date :

Contact Informations

First name: _____

Name: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Phone: _____

Cellular: _____

Email: _____

Personal Informations

1. How many years of experience do you have as a pharmacist? _____

2. Do you have experience as a chief pharmacist?

Yes For how many years? _____

No

3. Spoken and written languages:

French: Basic skills High proficiency level

English: Basic skills High proficiency level

Other(s) (Please specify): _____

4. Current work location (banner and address): _____

5. Have you ever worked in a Brunet pharmacy?

Yes Brunet Store number(s): _____

No

6. Have you ever been engaged in a screening process to acquire a Brunet franchise?

Yes If yes, when, and who did you meet? _____

No, this is my initial application.

Personal Informations (Continued)

7. Have you already started a pre-selection process to obtain a franchise with another banner?

Yes If yes, which banner? _____

No, these are my first steps.

8. Have you ever been a pharmacy franchisee/owner?

Yes If yes, under which banner and for how many years? _____

No

9. Why did you decide to be a pharmacist and why do you wish to become a pharmacist-owner?

10. What do you like about the Brunet concept in general?

11. How do you envision the role of a Brunet franchisee in a pharmacy?

12. Do you have human resources management experience? If yes, in which environment(s)?

13. Do you have project management experience? If yes, in which environment(s)?

Planned Franchise-related Informations

14. What pharmacy type(s) are you looking for?

- Brunet
- Brunet Plus (health and beauty products & dermocosmetic products)
- Brunet Clinique (smaller pharmacy)

15. When would you be available to operate a Brunet franchise?

16. Do you wish to make this acquisition:

- By yourself?
- In partnership? If so, who would be your partner(s)? _____

a. How do you see the complementarity with this person?

b. Give us examples of projects you have worked on together.

c. If you had the choice, would you prefer to buy a branch alone?

d. If only one person is qualified, what would you do? Would you like to continue the process on your own?

17. Which geographic areas would you be more interested in?

- | | |
|--|---|
| <input type="checkbox"/> All areas | <input type="checkbox"/> Iles-de-la-Madeleine |
| <input type="checkbox"/> Abitibi-Temiscamingue | <input type="checkbox"/> Lanaudiere |
| <input type="checkbox"/> Bas-St-Laurent | <input type="checkbox"/> Laurentides |
| <input type="checkbox"/> Central Quebec | <input type="checkbox"/> Laval |
| <input type="checkbox"/> Charlevoix | <input type="checkbox"/> Mauricie |
| <input type="checkbox"/> Chaudiere-Appalaches | <input type="checkbox"/> Monteregie |
| <input type="checkbox"/> Cote-Nord | <input type="checkbox"/> Montreal |
| <input type="checkbox"/> Estrie | <input type="checkbox"/> Outaouais |
| <input type="checkbox"/> Gaspesie | <input type="checkbox"/> Quebec |
| | <input type="checkbox"/> Saguenay/Lac-St-Jean |

Comments: _____

18. Do you wish to submit your application for one or several specific stores? If yes, please specify the store number(s) and/or address(es).

19. Have you informed the pharmacist owner at your current workplace of your desire to become a pharmacist owner?

Yes

No Please explain why : _____

20. Personal comments about your application: _____
