



Dear Applicant,

On behalf of CGBI, the Canadian Gastric Balloon Company Inc., and on behalf of the successful Canadian Partners that already have established Jump6™ Weight Loss Clinics, I want to thank you for your recent enquiry into partnering with us at Canada's Premier Weight Loss Management System.

To help us to proceed, please return the signed and completed questionnaire to the attention of the CGBI Business Development Department, We will review it and get back to you within 2 business days. Please print and fax the completed application form to (905) 239-7618 or you can scan and e-mail it to [busdevelopment@jump6.ca](mailto:busdevelopment@jump6.ca).

The information submitted will be held in confidence and used to assist us in establishing if there is a match to our ideal business partner profile and to help us to determine how we can to help you to invest in CGBI and Canada's Premiere Weight Loss Clinic Program - Jump6™.

The submission and acceptance of a signed questionnaire *should not* be construed as an approval or a future guarantee of becoming a Jump6™ business partner.

To become an approved CGBI-Jump6™ Business Associate, there is a formal approval/meeting process that is undertaken with applicants who have been short-listed for a particular geographical opportunity. We will contact you directly, at the contact information you provide, once we have your completed application.

At the present time, we are actively recruiting for business partners in ONTARIO. In the near future, we will expand beyond Ontario, and into all the provinces of Canada.

A full CGBI-Jump6™ Business Partner Package (includes a Business Partnership Agreement, a Projected Earnings statement, a Performa P & L Statement and Performa Marketing and Sales Plan) is provided *only* when an applicant candidate has signed a Non Disclosure Agreement with CGBI and has reviewed the opportunity with us in person. The Business Partnership Package is not available prior to a potential business partner entering into a Business Partner Agreement with CGBI.

We look forward to receiving you application and then communicating with you directly.

Warm regards,

Mario Cortis  
CEO and GM- CGBI  
Canadian Gastric Balloon Inc

# POTENTIAL CGBI BUSINESS PARTNER QUESTIONNAIRE

(This application does not obligate either party in any manner)

Please print clearly

Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PLEASE TELL US ABOUT YOURSELF:

Present Occupation/or Business \_\_\_\_\_

City/Province \_\_\_\_\_

Nature of Business \_\_\_\_\_

Start Date \_\_\_\_\_

Position \_\_\_\_\_

Salary/ROI from business \_\_\_\_\_

Any partners? \_\_\_\_\_

Previous Occupation/or Business \_\_\_\_\_

City/Province \_\_\_\_\_

Nature of Business \_\_\_\_\_

Start/End Date \_\_\_\_\_

Position \_\_\_\_\_

Salary/ROI from business \_\_\_\_\_

**YOUR LOCATION PREFERENCE FOR SETTING UP A JUMP6™ WEIGHT LOSS CLINIC.**

1) City: \_\_\_\_\_ Province: \_\_\_\_\_

2) City: \_\_\_\_\_ Province: \_\_\_\_\_

3) City: \_\_\_\_\_ Province: \_\_\_\_\_

Will you be devoted full-time to the business?

Yes  No - please explain \_\_\_\_\_

Will you have a partner?  No  Yes

If yes, please indicate partner's Involvement:  full-time  part-time  investment only

Partners First Name: \_\_\_\_\_

Partners Last Name: \_\_\_\_\_

Partners Relationship to you (spouse, friend etc.): \_\_\_\_\_

What level of income do you expect/require to draw from the business per year if you are selected to become a Business Partner of CGBI (salary and profit)? \_\_\_\_\_

**FINANCIAL STATEMENT:**

Please do not combine (if applicable) non-spousal partner's financial information.

Subject to Verification

Cash on hand	\$	Mortgages - home	\$
Securities (mutual funds, stocks, etc.)		Mortgages - other	
Home (market value)		Notes Payable	
Other Real Estate		Credit Cards	
Personal Property		Operating Line	
Business Interests		Other Liabilities	
Other Assets			
Total Assets	\$	Total Liabilities	\$

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for completing this application and we will contact you within 2 business days at the phone number or email address that that you have provided, to arrange for a meeting so we can review the next steps in becoming a profitable Jump6™ Business Partner with us at CGBI- The Canadian Gastric Balloon Company.

Regards,

Mario Cortis

CEO and GM - CGBI

Canadian Gastric Balloon Company Inc.