



Franchising Form

You must fill all fields. The information you provide will help us learn more about you as a potential partner and aid us in our decision.

Personal Data

Name(s) _____

Surname _____

Date of birth (*dd.mm.yyyy*) _____

Country _____

City _____

Mobile number (*include country code*) _____

E-mail _____

Questionnaire

How many years' experience do you have taking financial risks? _____

Where did you learn about Alpari? _____

Advertising budget, USD per month _____

Main competitor companies in the region:

- 1.
- 2.
- 3.
- 4.
- 5.

Have you ever been a partner of any of these competitors? If so, which and for how long?

Do you plan to offer educational courses? (*Yes / No*) _____

Further Information

Please provide additional information as to:

- why you have chosen to work with Cryptobitfx?
- the perspectives for development does the Forex market have in your region;
- write a short business plan.

Note: After filling the form scan and send it to: info@cryptobitfx.com
Our team will get back to you once we receive it.