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Please download this form, fill your details and email the completed form to info@lmicanada.ca.

Date:

Name:

Address:

Telephone:

Email

LMI CANADA & YOU

In order for both an individual and a company to grow, they must have common goals and beliefs.

The following questionnaire will help determine your needs and ascertain whether or not they run parallel to our needs as an organization.

Please be frank with your answers

Name:

Date:

1. Briefly outline your present business affiliation.

2. If you could have any position you wanted, what would it be?

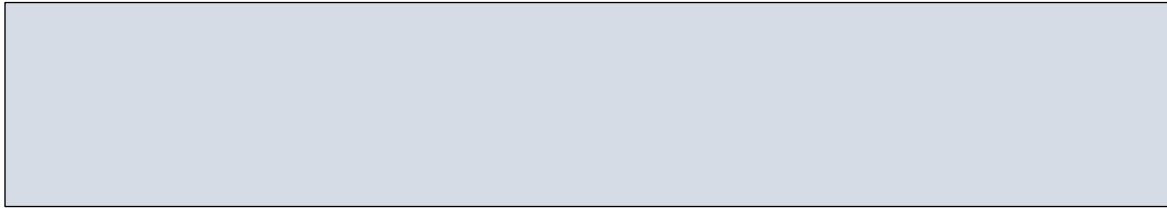
3. What qualities do you have that you believe would be valuable if you were involved with our company?

4. If you could live your life again, what changes would you make?

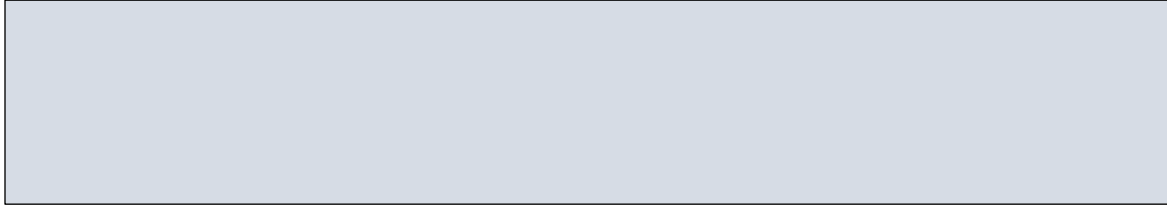
5. What do you think is likely to make the difference between success and failure?

6. List some of your past achievements.

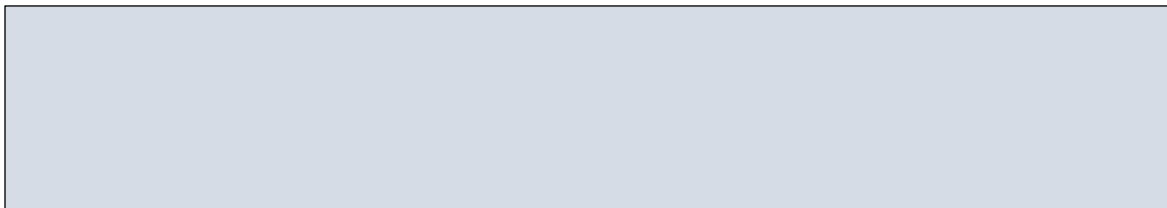
7. What activities in your life give you the greatest sense of accomplishment?



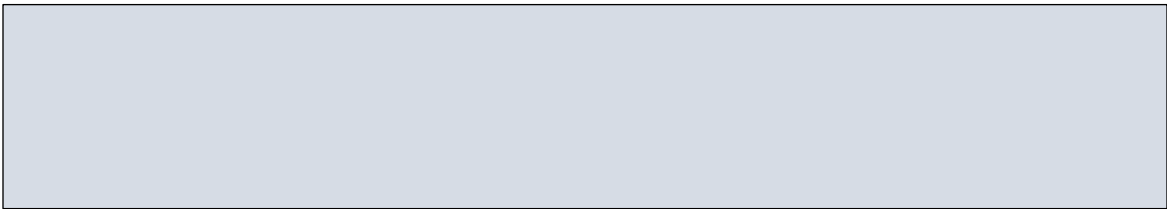
8. What has been your greatest disappointment?



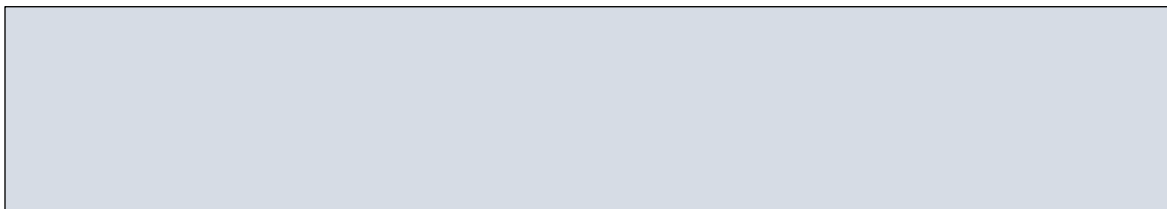
9. What have you done in the past three years to improve yourself?



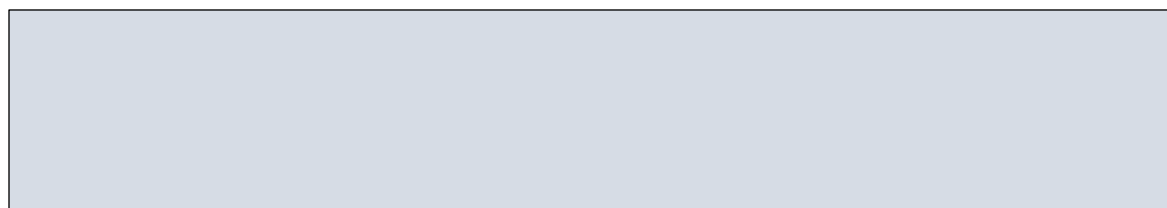
10. What are your most immediate needs?



11. Predicated on the establishment of a business, how do you visualize your future association with our Company?



12. How much income would you like to make your first year if you owned your own business? Your second year, your third year?



13. How does your spouse feel about your interest in our company?

14. What do you consider to be your greatest strengths?

Weaknesses?

15. How would you handle the financial start-up costs if we were to establish a business relationship?

16. What factors in your past have contributed most to your own development?

17. What factors would you say have been handicaps in preventing you from moving ahead more quickly in obtaining your goals?

18. Do you feel you're making the progress in your life that you want to? If not, Why?

19. What else do you think LMI Canada should know about your qualifications?

20. Who among your acquaintances:

Encourages you the most?

Cautions you the most?

Discourages you the most?

21. Who do you consider to be the most successful person you have ever met? Why?

22. Why do you want to be self-employed?

23. Which of your personality traits will help you become a successful entrepreneur?

24. Why are you interested in LMI Canada?

25. How would you operate your LMI Canada business the first year?

26. What concerns do you have in becoming an LMI Canada owner?

27. Predicated on mutual acceptance, what date can you start?

28. Why would you succeed if involved with an LMI Canada opportunity?

29. Please check Yes or No

A. Do you see the need for this type of concept in the business world?

YES

NO

B. Do you have experience in the following categories?

- a. Marketing YES NO
- b. Sales YES NO
- c. Communication YES NO
- d. Management YES NO
- e. Leadership YES NO
- f. Entrepreneur YES NO

C. Do you feel like you have skills and the personality that can help you succeed in your own business?

- a. Like to meet new people? YES NO
- b. Willing to ask challenging questions? YES NO
- c. Ability to ask 2nd and 3rd level questions? YES NO
- d. High energy level? YES NO
- e. Persistence? YES NO
- f. Articulate? YES NO
- g. Willingness to follow a system? YES NO

30. Do you have any questions for LMI Canada?

SELF-EVALUATION INVENTORY

INSTRUCTIONS: Respond to each item below by checking the number that best expresses the accuracy of each statement as a description of you and your habits. If the statement is not like you at all, circle number one. If it fits you perfectly, circle number seven. The numbers in between allow you to indicate varying degrees.

When you have finished, review your ratings and indicate in the space labeled "plus or minus" whether you are satisfied with your honest rating of yourself. Enter a plus (+) if you are pleased with your rating; enter a minus (-) if you feel a need for a change. The "minus signs" you enter could be suggestions for concrete goal setting in this area.

	A very poor description of me	A very good description of me	Plus Or Minus
1 I receive deep satisfaction from learning	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
2 I have an inquiring mind.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
3 I maintain good relations and open communication with members of my family.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
4 I have specific goals for my family development.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
5 I have a need to help others.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
6 I have a daily exercise program.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
7 I have overcome any habits that might hinder the success I would like.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
8 I am constantly developing a better character.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
9 I have found my purpose in life.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
10 I have specific plans for my financial future.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
11 I have been progressing satisfactorily in my career.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>
12 My financial net worth is progressing very satisfactorily.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="text"/>

- | | | | |
|----|---|--|----------------------|
| 13 | I am a self-confident person. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 14 | I like what I am doing for a career. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 15 | I have all the independence I desire in my work. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 16 | I am permitted to exercise the initiative I would like to exercise in my work. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 17 | I am growing at the rate I really want to grow as a person. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 18 | I prefer a salaried job versus owning my own business. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 19 | I would not know how to operate my own business. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 20 | I never consider the possibility that I may be stagnating in my job. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 21 | I am developing the talents and abilities I want to develop. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 22 | My occupation gives me the opportunity to make the personal contribution to society I truly want to make. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 23 | My profession allows me the personal interaction with people that I really want. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 24 | My work permits me to help other people to the extent I want to help them. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 25 | I am being fulfilled by my work | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 26 | My work permits me to achieve the kind of financial goals I want to reach. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 27 | I give proper emphasis to financial development in my life. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |
| 28 | The emphasis I place on making money is properly balanced with the importance of other goals in my life. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | <input type="text"/> |