



**STRICTLY CONFIDENTIAL**

# **FRANCHISE APPLICATION FORM**

Applicant's Name: \_\_\_\_\_

The attached application is provided to determine your suitability as a Franchisee. It should be completed fully in your own handwriting.

We suggest that the information be current and accurate.

To clarify your financial position you may be requested to produce proof of your financial situation.

While we will be contacting your references to assist us, we will not disclose the nature of your intended proposition.

This application is not a contract and is not binding on either party. It will be treated as confidential.

Please do not be offended if, after preliminary discussions, we consider you unsuitable as a Franchisee. We believe the success of our business has been due to the careful choice of each Franchisee.

The information contained in this form is confidential and details will not be divulged to any person or firm other than the Franchisor and the Financier, without authority.

**PERSONAL DETAILS**

Full Name:			
Address:			
Post code:			
Telephone (business):			
Telephone (private):			
Telephone (mobile):			
Date of birth:		Age:	
Country of birth:		Nationality:	
Marital status:			
Photograph:			
Spouse's Full Name:			
Number of children:		Age of children:	
How long have you lived at your present address?:			
Do you Rent/Own/Pay off/Other:			
Previous address:			
How long did you live there?:			
Health: Poor, Fair, Good:			
Describe any physical disabilities or health problems:			
Have you ever been declared bankrupt?:			
List your interests and special skills:			
Driver's Licence Number:		Where was your Licence issued?:	

**PRESENT OCCUPATION (or previous occupation if between appointments)**

Position:	
Company:	
Address:	
Type of business:	
Period of employment with the company:	
Reason for leaving:	
Describe responsibilities and number of people supervised:	

**EMPLOYMENT RECORD**

<b>Second last Employer:</b>				
Position:				
Period of employment:	From:		To:	
Reason for leaving:				
<b>Third last Employer:</b>				
Position:				
Period of employment:	From:		To:	
Reason for leaving:				

## EDUCATION

Last school attended:	
Qualifications attained:	
Other Educational Institutions attended:	
Qualifications attained:	

## FINANCIAL INFORMATION

\$	\$
Present annual income: _____	Fixed Annual Outgoings: _____
Wages or salary (after tax): _____	Mortgage repayments: (see table 1) _____
Bonus or commission: _____	Loan repayments: (see table 2) _____
Dividends: _____	Other (provide details): _____
Other income (provide details): _____	.....
.....	.....
.....	.....
.....	.....
TOTAL: _____	TOTAL: _____

**FINANCIAL INFORMATION (continued)**

<b>ASSETS</b>		<b>LIABILITIES</b>	
	\$		\$
Cash on hand:	_____	Overdrafts (see table 2):	_____
Cash in bank/saving institutions:	_____	Creditors (see table 2):	_____
Bank/Branch:	_____	Leasing finance (see table 2):	_____
.....		Hire purchase (see table 2):	_____
Bank/Branch:	_____	Personal loans (see table 2):	_____
.....		Other loans (see table 2):	_____
Bank/Branch:	_____	Loans guaranteed for others:	_____
.....		(provide details)	
Other:	_____	.....	
Securities (shares, bonds, life		.....	
Insurance, superannuation):	_____	.....	
.....		.....	
.....		Mortgages payable (see table 1):	_____
.....		Other debts (details):	_____
.....		.....	
Money due to you (details):	_____	.....	
.....		.....	
Real Estate (market value)		.....	
(see table 1)	_____	.....	
Your business:	_____	.....	
Motor vehicles:	_____	.....	
Other assets (details):	_____		
.....			
.....			
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

**FINANCIAL INFORMATION (continued)**

**TABLE 1 – REAL ESTATE**

Property Description & Address	Date of Purchase	Purchase Price	Current Value	Mortgagee	Mortgage Term	Monthly Payment	Amount Owing
TOTAL \$							

**TABLE 2 – CURRENT LOANS, CREDITORS, OVERDRAFTS, HIRE PURCHASE, LEASING**

Lender Address	Type of Loan	Purpose	How secured	Term	Date Opened	Original Account	Monthly Payment	Amount Owing
TOTAL \$								

## QUESTIONNAIRE

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. Please be frank with your answers.

<b>If you could have any job or position you wanted, what would you do?</b>
<b>What qualities do you have that you believe are valuable if you became part of this Franchise?</b>
<b>What do you think is likely to make the difference between success and failure in your business?</b>
<b>What do you feel has been your greatest accomplishment in your life?</b>
<b>What has been your greatest disappointment?</b>
<b>What have you done in the past year to improve yourself?</b>
<b>Why do you want to go into business?</b>
<b>Do you appreciate that nobody can predict the future of a business, regardless of the track record of the Franchisor?</b>

**Why do you think you will be successful?**

**During your initial meetings, were you promised a particular turnover or profit by any person?**

**What level of total earnings (wages and profits) would you like to make this year with a business? (Be realistic. A good result is a reasonable reward for your effort and a modest return on capital.)**

First year      \$ \_\_\_\_\_                      Second year      \$ \_\_\_\_\_  
Third year      \$ \_\_\_\_\_

**How does your spouse feel about your interest in this Franchise?**

**Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity?**

**What do you consider to be your greatest strengths?**

**Which aspects about the Franchise are most important to you? Which disappoint you?**

**What do people most often criticize you for?**

**What do you most often criticize others for?**

**What factors of the past have contributed most to your own development?**

**What factors would you say have been handicaps in preventing you from moving ahead more quickly in obtaining a business?**

**What else do you think we should know about you to understand you better and to determine what your association with us could mean?**

**Based on mutual acceptance, what date can you start?**

**Who among your acquaintances:**

**Encourages you the most?** \_\_\_\_\_

**Cautions you the most?** \_\_\_\_\_

**Discourages you the most?** \_\_\_\_\_

**Why are you considering going into business now?**

**If your business was not successful, who would you consider would be responsible, and why?**

**Who do you consider to be the most successful person you have ever met, and why?**

## FINANCIAL/PERSONAL REFERENCES

Name:	_____		
Address:	_____		
Telephone:	_____	Nature of association:	_____

  

Name:	_____		
Address:	_____		
Telephone:	_____	Nature of association:	_____

  

Name:	_____		
Address:	_____		
Telephone:	_____	Nature of association:	_____

## GENERAL INFORMATION

How do you intend to finance your investment?	_____		
In which area(s) would you prefer to take a Franchise?	_____		
Will you devote your full time to the business?	_____		
Will your spouse be actively involved in the business?	_____		
If yes, how many days per week?		Hours per day:	
Are you considering a partner?	_____		
If yes, complete a separate application for your intended partner.	_____		
Partner's name:	_____		
Partner's address:	_____		
Partner's percentage of the business:	_____		
Do you intend to hold the Franchise in a Company Name?	_____		
If yes, what is the Company Name?	_____		

Company ACN number:													
Company registered address:													
Full Names and addresses of Company Directors:													
Who do you bank with?													
Branch:													
Who is the Solicitor you will rely on for your independent legal advice?	Name:												
	Firm:												
	Telephone:												
Who is the Accountant you will rely on for your independent legal advice?	Name:												
	Firm:												
	Telephone:												
Who else would you rely on for advice regarding the purchase of this Franchise?													
How did you hear about the Franchise?													
<p>Please rate your experience in each of the following areas:</p> <p>1 = little experience</p> <p>10 = much experience</p>	<table> <tr> <td><input type="checkbox"/></td> <td>Dealing with the public</td> <td><input type="checkbox"/></td> <td>Supervision</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Advertising &amp; PR</td> <td><input type="checkbox"/></td> <td>Networking</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Use of initiative</td> <td><input type="checkbox"/></td> <td>Working with others</td> </tr> </table>	<input type="checkbox"/>	Dealing with the public	<input type="checkbox"/>	Supervision	<input type="checkbox"/>	Advertising & PR	<input type="checkbox"/>	Networking	<input type="checkbox"/>	Use of initiative	<input type="checkbox"/>	Working with others
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<input type="checkbox"/>	Use of initiative	<input type="checkbox"/>	Working with others										
Any criminal convictions? If yes, give details:													
Are you involved in any legal actions which may cost more than \$1,000? If yes, give details:													

I understand that the purpose of this application is to assess my suitability as a Franchisee.

I understand that referees and previous employees may be contacted.

I certify that the above information is true and correct.

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SIGNED

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DATE