

Franchise Application Form

Personal Details

Company Name (If Applicable) _____

Applicants Name _____

Address _____

How long have you lived at this address? _____

If less than 3 years, please supply previous address _____

Phone Number _____

Email _____

Personal Information

Age _____ Health: Good Fair Poor

Marital Status _____ Partners Name _____

Partners Age _____ Number & Age of Children _____

Will your partner be active in running the business? Yes No

Describe any physical disabilities or limitations _____

Have you ever been convicted of anything other than a minor traffic incident? _____

If yes, please give details _____

List any hobbies, community activities, sport and special activities _____

Education

Level of last year studies completed _____

Name of last place of learning _____

Personal Qualifications _____

Describe any formal training _____

Personal Skills

Please list below any further skills you believe would support your application

Business Experience / Employment History

Present Occupation _____

Describe responsibilities, duties etc. _____

Previous employment / business experience

(Last 5 years – most recent first)

Name of Firm _____

Address _____

Type of Business _____ Position Held _____

Date commenced _____ Date Finished _____

Duties _____ Achievements _____

Reason for leaving _____

Name of Firm _____

Address _____

Type of Business _____ Position Held _____

Date commenced _____ Date Finished _____

Duties _____ Achievements _____

Reason for leaving _____

Name of Firm _____

Address _____

Type of Business _____ Position Held _____

Date commenced _____ Date Finished _____

Duties _____ Achievements _____

Reason for leaving _____

General Information

Will you devote your full time to the business? Yes No

If no, please state how you propose to operate the business _____

Are you considering a partner(s)? Yes No

If yes, additional questionnaires must be completed by the partner(s)

Why are you seeking a business? _____

What level of income do you initially want to achieve per week from your business?

Have you ever been declared bankrupt? Yes No

Is there any legal action current or pending against you or any company associated with you?

When did you start looking for a business? _____

What else have you looked at? _____

Present Income (per year)

Wages or Salary \$ _____

Bonuses or Commissions \$ _____

Dividends \$ _____

Other Income \$ _____

Total \$ _____

Present Fixed Outgoings (per year)

| | | |
|---------------------------------------|-----------|-------|
| Mortgage | \$ | _____ |
| Other Loan Payments (Vehicle etc.) | \$ | _____ |
| Other | \$ | _____ |
| Total | \$ | _____ |

Assets as at / /20

| | | |
|------------------------------|-----------|-------|
| Cash in bank / term deposits | \$ | _____ |
| Securities / shares / bonds | \$ | _____ |
| Real Estate | \$ | _____ |
| Business | \$ | _____ |
| Money owed to you | \$ | _____ |
| Motor vehicle / furniture | \$ | _____ |
| Total Assets | \$ | _____ |

Liabilities as at / /20

| | | |
|---------------------------------------|-----------|-------|
| Bank Overdraft | \$ | _____ |
| Mortgages | \$ | _____ |
| Hire Purchase | \$ | _____ |
| Trade Creditors | \$ | _____ |
| Taxes | \$ | _____ |
| Personal Loans & Other Liabilities | \$ | _____ |
| Total Liabilities | \$ | _____ |

How do you intend to fund the purchase of your business? _____

Would you need to borrow to finance your business? _____

Any other financial information that may support this application? _____

In your own words, write down why you want to become a part of Varntige and own your own Varntige Franchise

Empty rectangular box for franchise application content.

References

Please provide contact details for 2 references from past employment or business associates who may be contacted for background references. We will not contact these references until you are happy for us to do so.

Name _____

Business _____

Phone Number _____

Email _____

Name _____

Business _____

Phone Number _____

Email _____

It is understood that this information will be read and used to help the Directors of Varntige to make a decision whether you are a suitable candidate to be offered a Varntige Franchise. By signing this you agree for Varntige to carry out any background checks and credit checks. You also give permission for the Directors of Varntige to pass on this information to a third party company to carry out their checks.

Signature _____ Date _____