

PRELIMINARY DETAILS OF PROSPECTIVE FRANCHISEE:

Name: _____

- Nature of Franchisee:**
- Sole Proprietorship
 - Partnership
 - Limited Corporation
 - Close Corporation

If other than a Sole Proprietor:

Details of Partners/Members/Shareholders

Name	Address	Contact Number

Who will be the franchisees? _____

	Name	Address	Contact Number
Bookkeeper			
Accounting Officer			
Auditor			

Postal Address:

Physical Address:

Contact Numbers:

Business (_____) _____

Cellular (_____) _____

Home (_____) _____

Fax (_____) _____

Current Business Interests/Employment:

Provide four (4) areas where you would like to open a franchise:

1	
2	
3	
4	

PERSONAL DETAILS OF FRANCHISEE:

These details must be completed for all partners, members or shareholders.

Surname: _____

First Name/s: _____

Date of Birth: _____

ID Number: _____

Marital Status: _____

Number of Dependents: _____

Nationality: _____

Physical Address: _____

How long at this address? _____

Postal Address: _____

Business Address: _____

Contact Numbers:

Business (_____)_____

Cellular (_____)_____

Current Business Interests/Employment:

Net Worth Per Personal Balance Sheet	R
Current Monthly Income	R
Unencumbered cash Available for Investment (Proof to be submitted together with the application form)	R

Personal References:

Name	Relationship	Address	Contact Number

BUSINESS DETAILS OF FRANCHISEE:

Trade References:

Name	Relationship	Address	Contact Number

Lease/Hire Purchase Agreements – Past and Current:

Institution	Asset Acquired	Total Amount	Monthly Payment	Period of Agreement	Dates

Present Bankers:

Bank	Branch	Account Type	Account Number	Current Balance

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Available Finance for Immediate Investment (Financial Institute)	R
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Financing Institution	Nature of Finance	Secured By	Repayment Period	Amount	Monthly Repayment

Record of Previous Business Interests/Employment:

<u>Name of Business/Employment</u>	<u>Period of Involvement</u>

Have you ever been declared insolvent?

Yes

No

If Yes, are you now rehabilitated?

Yes

No

What experience do you have in the QSR/Food Industry?

Will someone other than yourself manage the outlet?

Yes

No

If Yes, name of such Manager: _____

What experience does the proposed Manager have in the QSR/Food Industry?

If you were to be awarded a franchise, do you undertake to pay the joining fee and the monthly royalty and advertising fees as required by the Franchise Agreement as well as any other required monies for the development of the site if this is applicable?

Yes No

Comments:

I, the undersigned, hereby declare that the above information as well as that submitted on the Statement of Assets & Liabilities is, to the best of my knowledge and belief, entirely correct.

Name: _____

Signature: _____

Date: _____

Witness 1: _____

Witness 2: _____

STATEMENT OF ASSETS AND LIABILITIES

Balance Sheet of _____ as at _____ 2009

Note: Income and Expenditure to be detailed on back page. Should space not permit, please attach applicable schedules.

ASSETS

Previous Year	Current Year																			
	<p>Fixed Property (Registered In Your Name) Give particulars of each property separately stating whether Freehold, Leasehold etc. and state if affected by any Servitude, Usufruct or Fiduciary Interests.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of Farm or Plot Number</th> <th style="width: 10%;">Size</th> <th style="width: 10%;">District</th> <th style="width: 10%;">Date Purchased</th> <th style="width: 10%;">Price Paid</th> <th style="width: 10%;">MCV/DCV</th> </tr> </thead> </table> <p>Machinery, plant etc. Specify important items only.</p> <p>Vehicles, implements Specify important items only.</p> <p>Furniture & Fittings</p> <p>Investments (Loans, Private Company Shares etc.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">By Whom Due</th> <th style="width: 10%;">Rate of Interest</th> <th style="width: 10%;">Date Recoverable</th> <th style="width: 10%;">Amount</th> </tr> </thead> </table> <p>Life Policies (Payable to the undersigned and not to any third party)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date Issued</th> <th style="width: 15%;">Company</th> <th style="width: 10%;">Number</th> <th style="width: 10%;">Maturity Date</th> <th style="width: 10%;">Amount</th> <th style="width: 10%;">Surrender Value Less Loans</th> </tr> </thead> </table> <p>Shares</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Number Held</th> <th style="width: 30%;">Company</th> <th style="width: 10%;">Market Value</th> </tr> </thead> </table> <p>Stock In Trade</p> <p>Book Debts</p> <p>Bills Receivable (Not Discounted)</p> <p>Bank Balances Specify</p> <p>Cash</p> <p>Goodwill and Other Assets</p>	Name of Farm or Plot Number	Size	District	Date Purchased	Price Paid	MCV/DCV	By Whom Due	Rate of Interest	Date Recoverable	Amount	Date Issued	Company	Number	Maturity Date	Amount	Surrender Value Less Loans	Number Held	Company	Market Value
Name of Farm or Plot Number	Size	District	Date Purchased	Price Paid	MCV/DCV															
By Whom Due	Rate of Interest	Date Recoverable	Amount																	
Date Issued	Company	Number	Maturity Date	Amount	Surrender Value Less Loans															
Number Held	Company	Market Value																		
R	R																			
	TOTAL ASSETS																			

Note: State if any assets are encumbered.

LIABILITIES

Previous Year					Current Year
	Bonds and/or Amounts Owning Under Deeds of Sale				
	Name of Farm or Plot Number	Name of Bondholder/Seller	Annual Capital Reductions	Maturity Date	
	Bank Overdrafts Specify security given.				
	Owing Under Sale Transaction and Leasing Transaction Agreements				
	Moveable Encumbered	To Whom	Instalments Payable	Amount Still Owing	
	Bills Payable				
	Sundry Creditors				
	Loans Including Insurance Companies				
	To Whom Due	Rate of Interest	Date Repayable	Amount	
	Other Liabilities Specify				
	Liability for Income Tax Date to which assessment paid.				
R	TOTAL LIABILITIES				R
	<i>Note: State if any of the above liabilities are covered by a Notarial Bond.</i>				
Contingent Liabilities as Guarantor, Surety or Otherwise - Specify Below:					

R	TOTAL ASSETS	R
R	LESS: TOTAL LIABILITIES	R
R	NET WORTH	R

I/We hereby declare that this is a full, true and correct statement of my/our assets and liabilities at the above date and that my/our assets are not encumbered other than as stated above.

Dated at _____ on _____ 2009

SIGNATURE

STATEMENT OF INCOME AND EXPENDITURE

Listing of _____ as at _____ 2009

MONTHLY INCOME

Salary - Self	_____
Salary - Spouse	_____
Commissions	_____
Investment	_____
Other	_____
Total Income	R _____

MONTHLY EXPENDITURE

Taxation	_____
Pension	_____
UIF	_____
Medical Aid	_____
Rent/Bond Payment	_____
Electricity & Water	_____
Rates & Taxes	_____
Hire Purchase Instalments	_____
Lease Agreements	_____
Credit Card Accounts	_____
Insurance Premiums	_____
Life Assurance Premiums	_____
Transport	_____
Loan Repayments	_____
Donations	_____
Alimony/Maintenance	_____
Children's Education	_____
Clothing	_____
Entertainment	_____
Groceries	_____
Clothing Accounts	_____
Telephone & Cellular	_____
Medical	_____
Domestic Worker/Gardener	_____
Security	_____
DSTV/M-Net	_____
Total Expenditure	R _____

Surplus Available **R _____**

I/We hereby declare that this is a full, true and correct statement of my/our income and expenses at the above date.

Dated at _____ **on** _____ **2009**

SIGNATURE _____

I understand that if this application for a Franchise is accepted, I will be required to sign a comprehensive Franchise Agreement regulating all aspects of my franchise relationship with Famous Brands Limited.

I also hereby declare that the information given in this application is correct and fully disclose my assets and liabilities to the best of my knowledge and belief.

Dated at _____ on _____ 2009

Signature _____

★ **Please include copies of the following documentation when the site is confirmed and negotiations have commenced:**

1. CK1 or Certificate of Incorporation
2. Certified copies of ID document of all members, shareholders or partners concerned with the Franchise
3. Registration certificate for Receiver of Revenue – VAT
4. Registration certificate for Receiver of Revenue – PAYE
5. Registration certificate for Receiver of Revenue – Company Tax
6. Registration certificate for Department of Manpower – UIF
7. Registration certificate for Department of Manpower – Workmen's Compensation
8. Confirmation by all bankers (including bonds/loans) of bank balance/outstanding balance
9. Copies of property deeds