



## Franchise Application Process

If you feel that you possess the required skills and characteristics as well as have access to the necessary financial resources to acquire a **Filo Yoghurt** Franchise then please complete our application form. The form should be completed in full and returned to us at your earliest convenience. Please follow the instructions detailed below when completing the form.

## Instructions

1. Take your time in completing this application form.
2. Read each question carefully.
3. Print **clearly**.
4. All the information you provide must be accurate and up-to-date.
5. Attach an A4 sheet of paper with your name, the question number or title and the rest of the information, for each portion of this application where you find that there is insufficient space provided for your answer.
6. If you have any questions or need assistance in completing this application, please contact: **Lisa Spain on 082 333 9964**
7. Your completed **application form, Tax Clearance Certificate** a copy of your **CV**, a **motivation letter** for applying as well as a copy of your **Identity Document**, must be placed in an envelope, sealed and dropped off at **Filo Yoghurt Victory Park Shopping Centre for Att: Lisa Spain, Cnr Rustenburg Rd and 2<sup>nd</sup> Avenue Victory Park**

An alternative would be to email it to: **filoyoghurt@gmail.com**

8. Please attach copies of your **CV, motivational letter, Tax Clearance Certificate** and **Identity Document** to keep in our files together with any other documentation you feel may be important for us to have and evaluate.

# APPLICATION FORM

*Please Print or Type*

Preferred Area
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## Personal Information

ID Number:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname:		
First Name:		
Residential Address:		Postal Code:
Postal Address:	Postal Code:	
Telephone Numbers:	Bus: (    )	Fax: (    )
	Home: (    )	Cell:
Other:		
E-mail Address:		
Personal Tax Reference No: <b>PLEASE PROVIDE CURRENT TAX CLEARANCE CERTIFICATE</b>		
Business Tax Reference No's: <b>PLEASE PROVIDE CURRENT TAX CLEARANCE CERTIFICATE</b>		
<b>BUSINESS REGISTRATION NOS.</b> <b>Of previous business</b>		
Date of Birth:	Marital Status:	
	Married <input type="checkbox"/> Name of Spouse: _____	
	Single <input type="checkbox"/> Divorced <input type="checkbox"/>	
Children's names and ages:		

Highest level of education:	

## Current Employment Information

Current Employer:	Years of Employment:
Employer Address:	
Telephone No.: (    )	
Position Held:	
Responsibilities:	
If self-employed, please tell us the type of business you operate:	

## General Business Information

1. Are you prepared to devote your total working day to the business?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. How do you intend to finance your total investment?	
3. Do you have a preference regarding the location of the business? If so, where?	
1st choice:	2nd choice:
4. Where do you bank?	Branch:
Bank Account Number:	
Name of branch manager:	
5. Have you ever owned and managed your own business before?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes: What kind of business was it?	
How long did you own the business?	
What happened to the business?	
6. Why are you interested in the <b>Company name</b> Franchise opportunity?	

7. Business References (Those people that you do business with, such as supervisors if you hold employment or suppliers if you own or used to own your business)

Name:	Relationship:
Telephone:	Address
Name:	Relationship:
Telephone:	Address
Name:	Relationship:
Telephone:	Address
Name:	Relationship:
Telephone:	Address

### Total Personal Assets and Liabilities

Assets		Liabilities	
Cash In Bank and Savings	R	Bank Overdraft	R
Property	R	Bond No.	R
Motor Vehicles	R	Motor Vehicle Loans	R
Shares	R	Rent and Services	R
Money Due To You	R	Credit Cards	R
Pension/Provident Fund	R	H.P. Contracts	R
Other -	R	Taxes	R
Other -	R	Other -	R
Other -	R	Other -	R
<b>TOTAL ASSETS</b>	<b>R</b>	<b>TOTAL LIABILITIES</b>	<b>R</b>

I hereby declare that all of the above information is true and correct to the best of my knowledge and that I will make all other required financial information available upon request. I also understand that submission of this application does not mean automatic acceptance. I hereby authorise **FRANCHISING PLUS** to make enquiries about my credit, character and ability to pay, and to contact anyone, whether or not listed on the original application, in order to obtain personal and financial information about me. I release all such persons from any liability or damages that may be incurred as a result of such inquiry or of the furnishing of such information.

Witness:

Date:

Witness:

Date:

Applicant's Signature:

Date: