

Franchisee Application

Dear **Potential Franchisee**,

Thank you for your enquiry regarding the @CJ 9'5 '@C 5: franchise opportunity.

5 h@CJ 9'5 '@C 5: žk YUFYhcU`mWa a]hX'lc`ei U]mž]bbcj U]cb UbXWgca Yf`gMj]W`
6UWYXVnci f`gfcbl`VfUbXžg WggZ`fYU]`WbWdhUbX'ci f`g`UFYX`Wa a]la Ybhc`
Wbh]bi U`mk \]d i d'XY]Mci g`fUb[YcZVFYUXgh Uha U`Ynci f`XUnžci f`ZfUbW]gYg
cf`]WbgYgk]`g`UFYfYk UfX]b[WfYfYgk \]`Ya U_]b[`UfYU X]ZfYbW'lc`h`YdYcd`Y]b
h`Yf`Wa a i b]hYg"

Statistics show that franchised businesses are 75% more likely to succeed than independent operated businesses. A UUnghUgZfUbW]gY]bXi g`fm]gYl dYWX'lc`
Wbhf]Vi h`FA & `* `V]`]cb`lc`h`YWi b]fng`Wbca m]b`85% žUWfX]b[`lc`h`Y
A UUnghUb: fUbW]gY5 gg`V]hcb`fA : 5E'

You will have received background information on the @CJ 9'5 '@C 5: franchise opportunity. When you are ready to proceed further, the next step is to complete the application form / k Yg`U`fyj YfhVUW'lc`nci]b`h`Yg`cbYgha UbbYf.

It is then your responsibility to conduct research on the business opportunity UbX`
`c`W]hcb`to ensure that is meets your financial, personal, and future requirements.
Speak to your financial and legal advisors.

Should you require further details on the franchise opportunity please do not hesitate to contact me.

Yours sincerely,

J]bWbhHUb
A UbU]b[Director
@CJ 9'5 '@C 5: `65? 9FM/ `75: 9`G8B `6< 8

Personal Profile

City Number:

Name in Full: _____

Address: _____

_____ State: _____ P/C: _____

Telephone: _____ Mobile: _____ Fax: _____

E-Mail: _____

Age: _____ Marital Status: _____

What is your state of health? _____

Have you ever been convicted of a criminal offence? Yes No

If Yes, give details: _____

List any hobbies, community activities, special interests or other pertinent information:

Please specify the type of business that you are interested in
Franchise:

Employment / Business Experience

Employment History:

List employment history commencing with the most recent:

Company	Industry	Position	Ann. Salary

Complete only if you are Self-Employed:

Business name: _____

Address: _____

Telephone: _____ Fax: _____

Turnover last year: \$ _____ No. of Employees: _____

Detailed description of business: _____

Years operating: _____

Type of business: Sole trader Partnership Company

Have you ever been bankrupt? Yes No

Business Skills & Knowledge

Detail specific experience and skills you have in the area of:

Small Business experience: _____

Business Management: _____

Salesmanship: _____

Accounting / Bookkeeping: _____

Industry background: _____

Other: _____
