

Franchisee Application Form



CONFIDENTIAL EXPRESSION OF INTEREST

This document IS NOT A CONTRACT and does not obligate either party in any way. You are requested to fill out this form in complete detail so that we can better evaluate your interest.

The information provided is held in absolute confidence.

NOTE: Please attach CV's for each person involved in the inquiry.

An initial deposit will be required from all applicants and an additional deposit will be required if the franchise being offered to you is an existing company location.

Any deposits are fully refundable at this stage¹.

Applicant's name(s):

1.

2

Finest Alterations Pty Ltd
All rights reserved.

¹ Refundable in full until 14 days after you acknowledge receipt of the final Franchise Agreement, Disclosure Document and ancillary documentation, and then refundable in part within 7 days after the Franchise Agreement has been signed. The non-refundable portion is a fixed amount to cover the lawyers Documentation Fee, which is detailed in the Disclosure Document.

PERSONAL DETAILS

Surname:

First Names:

Date of Birth:

Home telephone:

Mobile telephone:

Email address:

Full Address:

How long have you lived at this address?

Do you own the property you live in?

Previous Full Address:

Marital Status:

Name of Spouse / Partner (if relevant):

Spouse / Partner Occupation (if relevant):

Number of Children (if relevant):

Ages (if relevant):

Number of other dependents (if relevant):

SKILLS QUALIFICATIONS AND INTERESTS

Please list and describe any skills, qualifications or interests you have which may be relevant:

Highest School Level Attained:

Academic / Tertiary Qualifications (including Legal qualifications):

EMPLOYMENT EXPERIENCE

Name of Current Employer:

Occupation / Position:

Current Salary and Benefits: \$

Employer's Full Address:

Please list your work experience for the last eight (8) years

Date	Company name	Occupation/position	Salary & benefits

PERCEPTION OF FINEST ALTERATIONS

Describe your understanding of the role of a Finest Alterations franchisee:

Describe how your past experience will help you to succeed as a Finest Alterations franchisee:

List your personal strengths and the qualities that you would bring to the Finest Alterations franchise network:

REFEREES - PERSONAL (NOT RELATIVES)

Name	Address	Phone

MEDICAL INFORMATION²

Describe the general state of your health:

Please describe any physical disabilities or limitations:

RELATIONSHIPS

Do you anticipate your spouse/partner being involved in the business?

If yes, to what extent:

To the best of your knowledge are you related to any Director or Team Member of Finest Alterations or any of its associated companies, or advisers?

If yes, please list their names and positions:

REFEREES - FINANCIAL (NOT RELATIVES)

Name	Address	Phone

² It is vitally important that we discuss your medical condition up front. This is so we can alert you to any activities that you may be required to undertake as a franchisee that may be detrimental to your health.

Please note that we will always attempt to work with you to work around specific limitations wherever possible.

PERSONAL FINANCIAL STATEMENT – JOINT WITH PARTNER / SPOUSE

LIABILITIES	Personal / Joint	Spouse
Mortgages		
Hire Purchase		
Lease Arrangements		
Number of Credit Cards		
Total Credit Card Liabilities		
Bank Loans		
Taxation Liabilities		
Rates		
Land Tax		
Other:		
Other:		
Other:		
Other:		
	<i>Total Liabilities:</i>	
ASSETS		(evidence may be required)
Home		
Bank Deposits		
Cash		
Shares		
Real Estate		
Life Insurances		
Superannuation		
Motor Vehicles		
Debtors		
Personal Effects		
Other:		
Other:		
Other:		
Other:		
	<i>Total Assets:</i>	
WEEKLY COMMITMENTS		
Mortgage Repayment		
Hire Purchase		
Motor Vehicle		
Living Expenses		
Other:		
Other:		
Other:		
Other:		
	<i>Total Weekly Commitments:</i>	

OTHER DETAILS

Are you a declared or undeclared bankrupt?

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

Is your application on behalf of a Company?

Company Name:

ACN:

ABN:

Secretary:

Directors:

Shareholders:

Is it a Trust Company?

Name / type of Trust:

Beneficiaries:

The net monthly income needed to maintain your standard of living:

Your Bank:

Branch:

When did you decide to get into a business of your own?

Do you plan to have a financial partner?

If yes, will he / she be active in the business?

It is understood that the purpose of this application is for information only. It is in no way binding upon either Finest Alterations or the applicant. The undersigned certifies that the information provided is true and correct, and acknowledges that it will be relied upon by Finest Alterations in assessing the applicant's suitability as a franchisee and authorises Finest Alterations to undertake relevant enquiries to confirm the applicant's suitability.

CONFIDENTIALITY AND PRIVACY

I/We (Full Names):

Of (Full Address):

agree, acknowledge and declare as follows:

Accuracy of Information

1. I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects and that no relevant details have been omitted.
2. I/We acknowledge that Finest Alterations is relying upon the information contained in this application as a material factor in considering this application.
3. I/We acknowledge that if any information included in this application is false or misleading in any way Finest Alterations shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this application and I/We agree to indemnify Finest Alterations for any direct or indirect loss suffered as a result of the supply of false or misleading information.

Confidentiality

4. It is understood that, prior to executing a franchise agreement and ancillary documents, Finest Alterations may furnish, disclose or otherwise impart to Me/Us, information and material including but not limited to:
 - a. Finest Alterations and its related companies;
 - b. Its method of operations;
 - c. Financial and accounting information;
 - d. Special techniques and expertise; and
 - e. Promotion and publicity techniques.

I/We acknowledge that such information is of a proprietary and confidential nature and I/We, in recognition of the foregoing and in consideration thereof, agree to hold in confidence and keep secret all such information and material that is made known to Me/Us by Finest Alterations and its related companies, or learned by Me/Us during the course of discussions with Finest Alterations I/We will not directly or indirectly impart or make known any of

the same, to any competitor or any other person, firm or corporation, except when authorized to do so, in writing by Finest Alterations.

5. I/We must on the request of Finest Alterations, return any information provided to Me/Us by Finest Alterations.
6. I/We agree to indemnify Finest Alterations for any direct or indirect loss suffered as a result of any direct or indirect disclosure of any confidential information by Me/Us to any third party.

Privacy

7. I/We acknowledge that Finest Alterations, is collecting the information contained in this application to assess whether:
 - a. I/We should be considered as a potential franchisee; and
 - b. I/We should be extended commercial credit.
8. I/We authorise Finest Alterations to contact any appropriate third parties to verify the accuracy of the information I/We supply in this application and to retain any information obtained for its records.
9. I/We authorise Finest Alterations to provide the information contained in this application to its advisers, including its accountants, lawyers and consultants and acknowledge that it may retain copies of this application for its records, whether or not this application is successful.
10. I/We acknowledge that Finest Alterations may:
 - a. Obtain credit reports from credit reporting agencies or other credit providers for the purpose of assessing this and any other application;
 - b. Obtain information from any other credit providers from time to time for the purpose of reviewing and assessing My/Our commercial credit worthiness;
 - c. Disclose to or discuss or exchange with any credit providers or any credit reporting agencies, any prospective guarantor and any person or body agreeing or considering whether to agree to be liable for any credit to be made available to Me/Us, any information maintained or in My/Our possession relating to My/Our application and the administration of any transaction or credit facility which may be provided to Me/Us by Finest Alterations.
11. I/We acknowledge that Finest Alterations will otherwise treat all information supplied by Me/Us as confidential and will not disclose any details of My/Our application except in accordance with these terms or as permitted by Law.

Authorisations

12. I/We acknowledge that the authorisations contained in this application will continue to remain in full force and effect until after the expiration of our any franchise agreement entered into between Me/Us and Finest Alterations.

Applicant's Signature:

Applicant's Signature:

Date:

PLEASE DO NOT WRITE BELOW THIS LINE

THIS SECTION TO BE COMPLETED BY FINEST ALTERATIONS

General Comments:

Personal References:

1.

2.

3.

Credit References:

1.

2.

3.

Recommendations:

APPROVAL SIGN-OFFS

Recommendation Signature:

Date:

Position:

Recommendation Approved:

Date:

Position: