



FRANCHISE APPLICATION FORM

To be completed by prospective franchisees.
Completion of this form does not obligate either party in any way.

SECTION 1 – Getting to know you

1.1 Personal Information

Name: _____

ID Number: _____

Postal Address: _____

Physical Address: _____

Tel Work: _____

Tel Home: _____

Cell no: _____

Fax no: _____

E-mail address: _____

1.2 Educational Background

Qualification	Name / Type of institution	Year

1.3 Work History (Including your own business, if relevant)

CURRENT Employer: _____

Nature of Business: _____

Chief roles & responsibilities: _____

Employed since: _____

Current position: _____

Immediate superior: _____

Contact number: _____

PLEASE LIST PREVIOUS THREE EMPLOYERS

Company: _____

Employed period: _____

Position held on leaving: _____

Chief roles & responsibilities: _____

Company: _____

Employed period: _____

Position held on leaving: _____

Chief roles & responsibilities: _____

Company: _____

Employed period: _____

Position held on leaving: _____

Chief roles & responsibilities: _____

SECTION 2 – FINANCIALS

- 2.1 Do you have a deposit of at least R150,000 available? _____
- 2.2 Current Banking Institution: _____
- 2.3 Account No: _____ Branch: _____
- 2.4 Do you own Property? YES / NO
Property value less Bond(s): _____
- 2.5 What would be the minimum income (profit / salary) you will need from the business to live on R_____ pm

SECTION 3 – Your personal motivation

- 3.1 Why do you want to purchase this franchise?

- 3.2 Why do you think you will succeed in this particular type of business?

- 3.3 What are your weaknesses?

3.4 What hours are you prepared to work and how will this affect your family life and leisure time?

3.5 In which town, city or region do you wish to operate your business?

3.6 Do you have a specific site in a shopping center in mind? YES / NO
(if YES, please provide the physical address)

3.7 Do you propose to operate the Franchise hands-on? YES / NO

3.8 Do you plan to have a partner in the business? YES / NO
(if YES, please ask this person to also complete this application form)

3.9 What contacts do you have in the copy industry?

3.11 What practical sales experience do you have?

3.12 What other business interest do you have at this time?

3.13 Assuming you are accepted, when do you wish to start?

SECTION 4 – Additional comments you wish to make to strengthen your application

SECTION 5 – Declaration by applicant

I / We have completed the above to the best of my ability. At this stage, I / we do not bind myself / ourselves in any way whatsoever. I / We further understand that, should I / we be accepted as franchisee(s) based on information contained herein and this information should turn out to be false in any material or that I / we have withheld essential facts, this may cause termination of the franchise. I / We further allow COPY EXPRESS to conduct a credit check to verify any necessary information.

DATE: _____ PLACE: _____

APPLICANT SIGNATURE

SPOUSE / PARTNER SIGNATURE

Once you have completed this application form, please forward it to:

Wayne Theunissen/Alma Chapman

Email: sales@copyexpress.co.za

Cell: 073 787 5354

Wayne will be in touch within 24 hours.