



## **FRANCHISE 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 C.V.'s for each person involved in the enquiry

CANDIDATE

NAME(S): \_\_\_\_\_  
\_\_\_\_\_

SIMPLY HELPING FRANCHISING PTY LTD Melbourne 2009.  
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#### **IMPORTANT**

The attached application will help us determine your suitability as a Franchisee. Please complete the application to the best of your ability.

To evaluate your financial position, we request that you produce proof of your financial situation. It will also be necessary to contact your references. Any information regarding this application will not be disclosed.

Please ensure that a deposit of 10 percent of the Franchise price accompanies the Application. The purpose of the deposit is to establish your bona fides. If we are notified within 10 days of receipt of this Application that you wish to withdraw your expression of interest, or if your Application is declined, we will refund your deposit in full minus any non-refundable monies as outlined in Clause 13 of the Disclosure

Document. N.B. The deposit is refundable up to Step 11(minus any non-refundable monies etc).

This application is not a contract and is not binding to either party. All details will be treated confidentially. The information contained in the following pages will not be revealed to any person without prior authority.

We will conduct an interview in the initial 10 day period from receipt of your preliminary application.

In order for **SIMPLY HELPING** to grow and become a household name, we believe it is essential to make careful judgement in our Franchise Selection process. Please do not be offended if your Application is not successful.

Good Luck and we look forward to meeting you!

**PERSONAL DETAILS**

**PLEASE PRINT**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

How long have you lived at this address?  
\_\_\_\_\_

Do you own the property you live in? \_\_\_\_\_

Previous Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred location / Area: \_\_\_\_\_

Australian Resident: Yes / No

Marital Status:  
\_\_\_\_\_

Name of Spouse/partner: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of other dependents? \_\_\_\_\_

Spouse/Partner Occupation: \_\_\_\_\_

Time spent at current address: \_\_\_\_\_

Do you have a current drivers licence? Yes / No

Drivers Licence No: \_\_\_\_\_

State and date of issue: \_\_\_\_\_ / \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

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

### **Current Occupation**

Company: \_\_\_\_\_

Position held: \_\_\_\_\_

Type of business / industry: \_\_\_\_\_

Current Salary & benefits \_\_\_\_\_

Address: \_\_\_\_\_

Position Description / Responsibilities:

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### **Previous Occupation (if at current job less than 3 years)**

Company: \_\_\_\_\_

Position held: \_\_\_\_\_

Type of business / industry: \_\_\_\_\_

Time of Employment:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

Position Description / Responsibilities :

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### **Previous Occupation (if at current job less than 3 years)**

Company: \_\_\_\_\_

Position held: \_\_\_\_\_

Type of business / industry: \_\_\_\_\_

Time of Employment:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

Position Description / Responsibilities:

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**GENERAL**

Education (qualifications / degrees):

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Interests

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1. How do you see the role of a **SIMPLY HELPING** Franchisee?

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2. How will your past experience help you to succeed as a **SIMPLY HELPING** Franchisee?

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3. What are the personal strengths and qualities that you would bring to the **SIMPLY HELPING** franchise network?

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**REFEREES (NOT RELATIVES)**

Name	Address	Telephone

**MEDICAL INFORMATION**

What is the general state of your health?

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Please describe any physical disabilities or limitations

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**RELATIONSHIPS**

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

Yes / No (please circle). If yes, to what extent

\_\_\_\_\_

To the best of your knowledge are you related to any Director or employee of **SIMPLY HELPING** or any of its associated companies, or advisers?

\_\_\_\_\_

If yes, please name them \_\_\_\_\_ Position \_\_\_\_\_

**FINANCIAL REFEREES (NOT RELATIVES)**

Name	Address	Telephone

**FINANCIAL INFORMATION**

*Assets:*

*Liabilities:*

<p>Present Annual Income: \$.....</p> <p>Wages / Salary: \$..... <i>(after TAX)</i></p> <p>Bonuses / Commissions: \$.....</p> <p>Dividends: \$.....</p> <p>Other income: \$..... <i>Please provide details:</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Cash in hand: \$.....</p> <p>Savings (cash in the bank): \$..... Bank / Branch:</p> <p>..... \$.....</p> <p>Bank / Branch ..... \$.....</p> <p>Other (bonds / shares / life insurance / Superannuation):</p> <p>..... \$.....</p> <p>..... \$.....</p> <p>..... \$.....</p> <p>..... \$.....</p> <p>Real Estate (Market Value) \$..... <i>(refer pg 5)</i></p> <p>Vehicles: \$.....</p> <p>Other assets:</p> <p>..... \$.....</p> <p>..... \$.....</p> <p>..... \$.....</p> <p>TOTAL \$.....</p>	<p>Outgoings \$..... <i>(Annual)</i></p> <p>Mortgage Repayments \$.....</p> <p>Loan Repayments \$.....</p> <p>Other: \$..... <i>Please provide details:</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Overdrafts: \$.....</p> <p>Creditors: \$.....</p> <p><i>Credit Cards:</i> \$.....</p> <p>Leasing finance: \$.....</p> <p>Hire Purchase: \$.....</p> <p>Personal Loans: \$.....</p> <p>Other Loans: \$.....</p> <p>Loan Guarantors for others: <i>Please provide details</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>TOTAL \$.....</p>
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**Real Estate**

**Property One:**

Address:

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Description:

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Date of purchase:        /        /  
                                  Day        Month        Year

Mortgagee:

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Mortgage Term: \_\_\_\_\_ (years)

Purchase Price	Current Value	Monthly Payment	Amount Owing

**Property Two:**

Address:

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Description:

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Date of purchase:        /        /  
                                  Day        Month        Year

Mortgagee:

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Mortgage Term: \_\_\_\_\_ (years)

Purchase Price	Current Value	Monthly Payment	Amount Owing

FOR ADDITIONAL PROPERTY PLEASE DUPLICATE THIS PAGE

**Current Loans, Creditors, Overdrafts, Hire Purchase, Leasing:**

**Loan One:**

\_\_\_\_\_

Description: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Day Month Year*

Mortgagee: \_\_\_\_\_

Mortgage Term: \_\_\_\_\_(years)

Purchase Price	Current Value	Monthly Payment	Amount Owing

**Loan Two:**

\_\_\_\_\_

Description: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Day Month Year*

Mortgagee: \_\_\_\_\_

Mortgage Term: \_\_\_\_\_(years)

Purchase Price	Current Value	Monthly Payment	Amount Owing

## REFEREES

**Please provide details of two (2) Professional References (eg. Accountant, Solicitor, Bank Manager)**

1.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Nature of association: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Nature of association: \_\_\_\_\_

**Please provide details of two (2) Personal References that are not family:**

1.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Nature of association: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Nature of association: \_\_\_\_\_

## INTERESTS AND HOBBIES

What interests do you have?

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What are your Hobbies?

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**General Information:**

Have you ever been dismissed from any position of employment? Yes / No

Have you ever owned or worked in a business similar to the proposed franchised business? Yes / No

If yes, please provide details of the business (name, address, telephone):

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Have you set business goals? Yes / No

If yes, please list:

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Are you prepared to comply with the procedures and controls set by the Franchise business system? Yes / No

How would you describe your understanding of profit and loss statements?

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Have you ever been involved in any sort of Management control for a small business? Yes / No

How many years do you intend to operate this business? five / ten/ fifteen/ longer

Will you devote yourself full time to the business? Yes / No

Will your spouse be involved in the business? Yes / No

Are you considering a business partner?

Yes / No

If yes, please supply details

(Please fill in a separate application for each partner):

Partner's Name: \_\_\_\_\_

Partner's Address: \_\_\_\_\_

Partner's Percentage of the Business: \_\_\_\_\_

Do you intend to operate the franchise in a company name?

Yes / No

If yes,

Company name: \_\_\_\_\_

ABN: \_\_\_\_\_

Full Names and Addresses of Directors:

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

Preferred Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Preferred solicitor for independent legal advice:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_

**It is understood that the purpose of this application is for information only. It is in no way binding upon either SIMPLY HELPING or the applicant. The undersigned certifies that the information provided is true and correct, and acknowledges that it will be relied upon by SIMPLY HELPING in assessing the candidate's suitability as a franchisee.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY SIMPLY HELPING**

General Comments:

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Personal References:

- (1).....
- (2).....
- (3).....

Credit References:

- (1).....
- (2).....
- (3).....

Recommendations: \_\_\_\_\_

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**APPROVAL SIGN-OFFS**

Recommendation Signature:

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position: \_\_\_\_\_

Recommendation Approved: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position: \_\_\_\_\_