

FRANCHISE APPLICATION FORM



Name: _____ Date of Birth: _____

Address: _____ ID/Passport Nr: _____

_____ Length of time as RSA Resident: _____

_____ Home Phone: _____

_____ Business Phone: _____

Marital Status: _____ Cellular Phone: _____

Number of Dependents: _____ Fax Number: _____

Country of Citizenship: _____ Email address: _____

PREFERRED LOCATION: _____

Education:

Highest level of education completed: _____

Degree(s) earned: _____

Name of College and/or Graduate School: _____

Financial:

Total unencumbered cash or cash equivalent (stocks, bonds, etc.)
available for investment in business: R _____

Fair market value of business(es) owned (if applicant): R _____

Equity in real estate owned: R _____

Value of pension fund (or similar) if applicable: R _____

Current annual income: R _____

Business Experience:

It is important that you attach a CV including:

- Motivational letter as to why you think you would make an excellent Franchisee;
- Work experience;
- If applicable, brief description of the nature of the business(es) owned and your involvement;
- Any other documentation or information that you believe would assist the reviewer in making an informed and correct decision.

SIGNATURE

DATE