



APPLICATION TO OWN AND OPERATE A CARMELLO'S FRANCHISE STORE

APPLICANT INFORMATION

Name of applicant or registered name of entity: _____

Trading name of entity: _____

Registration or ID number: _____

Physical address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Landline: _____ Mobile: _____

Fax: _____ Email: _____

Kindly supply the names and telephone numbers of at least two trade references, as well as the relevant account numbers of entity:

1) Supplier: _____

1) Account number: _____ Average monthly spend with this supplier: _____

2) Supplier: _____

2) Account number: _____ Average monthly spend with this supplier: _____

Name, telephone number and account number of landlord (if applicable): _____

Kindly supply the full name(s) and ID numbers of all partners/shareholders, and indicate their percentage ownership in the venture:

1) Name: _____

1) ID number: _____ Ownership percentage: _____ %

2) Name: _____

2) ID number: _____ Ownership percentage: _____ %

Of the above, who will be involved in the operation of the Caramello's Franchise on a full time basis?

1) Name: _____

2) Name: _____





(A) INDIVIDUAL INFORMATION OF FIRST PARTNER / SHAREHOLDER / MEMBER / TRUSTEE

Full names: _____

Surname: _____ ID number: _____

Physical address: _____

Code: _____

Postal address: _____

Code: _____

How long at present residential address? _____ years. Owner of any property? N Y

What is the outstanding mortgage amount? R _____

Highest grade passed at school: _____ Post school qualifications: _____

Are you married? N Y If married, in community of property? N Y If in community of property, with accrual? N Y

Previous and present employer(s):

1) Name of employer: _____

1) Employer tel: _____ Job title: _____ Years employed: _____

1) Reason for termination: _____

2) Name of employer: _____

2) Employer tel: _____ Job title: _____ Years employed: _____

2) Reason for termination: _____

3) Name of employer: _____

3) Employer tel: _____ Job title: _____ Years employed: _____

3) Reason for termination: _____

4) Name of employer: _____

4) Employer tel: _____ Job title: _____ Years employed: _____

4) Reason for termination: _____

Trade references:

1) Name of institution: _____

1) Account number: _____ Tel: _____

2) Name of institution: _____

2) Account number: _____ Tel: _____

Supply full details of any present and/or previous involvement in any franchise agreement and/or business with particular reference to any terminated franchise agreement or previous partners: _____

Have you ever been found guilty of any criminal offence? N Y If so, provide full details: _____

Have you ever been under judicial administration or been declared insolvent? N Y If so, provide full details of all creditors and amounts involved: _____





Are you currently involved in, or can you reasonably foresee involvement in any legal action (as applicant or defendant)? N Y

If so, provide full detail: _____

Why are you interested in a Caramello's franchise? _____

What is your experience in the restaurant and hospitality industry? _____

What are your personal and professional goals three years from now? _____

Why do you believe that you will be able to successfully operate a Caramello's franchise? _____

Supply a brief statement of liabilities and assets:

Liabilities:

Item: _____ Amount: R _____

Assets:

Item: _____ Amount: R _____

Kindly supply a certified copy of your identity document.

Signature _____

_____ Date





(B) INDIVIDUAL INFORMATION OF SECOND PARTNER / SHAREHOLDER / MEMBER / TRUSTEE

Full names: _____

Surname: _____ ID number: _____

Physical address: _____

Code: _____

Postal address: _____

Code: _____

How long at present residential address? _____ years. Owner of any property? N Y

What is the outstanding mortgage amount? R _____

Highest grade passed at school: _____ Post school qualifications: _____

Are you married? N Y If married, in community of property? N Y If in community of property, with accrual? N Y

Previous and present employer(s):

1) Name of employer: _____

1) Employer tel: _____ Job title: _____ Years employed: _____

1) Reason for termination: _____

2) Name of employer: _____

2) Employer tel: _____ Job title: _____ Years employed: _____

2) Reason for termination: _____

3) Name of employer: _____

3) Employer tel: _____ Job title: _____ Years employed: _____

3) Reason for termination: _____

4) Name of employer: _____

4) Employer tel: _____ Job title: _____ Years employed: _____

4) Reason for termination: _____

Trade references:

1) Name of institution: _____

1) Account number: _____ Tel: _____

2) Name of institution: _____

2) Account number: _____ Tel: _____

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If so, provide full detail: _____

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Liabilities:

Item: _____ Amount: R _____

Assets:

Item: _____ Amount: R _____

Kindly supply a certified copy of your identity document.

Signature _____

_____ Date





LOCATION

In which town/city and in which area are you interested in opening a Caramello's franchise? _____

Why do you believe a Caramello's franchise will be successful at this specific location? (If location has been identified) _____

Do you already have a specific site/premises in mind? N Y If so, kindly attach a street plan of where the relevant location (site) is situated, as well as a floor plan of the location itself.

FINANCING

How do you plan to finance the venture? (Please refer to average setup costs for reference)

Own capital: R _____

Bond on property: R _____

Overdraft at bank: R _____

Bank loan: R _____

Other: R _____

DECLARATION

I/we, the undersigned, hereby declare that the above information regarding my/our details are true and correct in every aspect and I/we acknowledge that Caramello's would be entitled to terminate the franchise agreement between me/us and them if any of the information provided by myself/us is not true and correct in every aspect.

I/we furthermore declare that I/we have obtained all legal and financial advice I/we deem necessary with the completion of this document.

I/we furthermore declare that I/we give Caramello's (Pty) Ltd (Co Reg No: 2004/002308/07) or it's authorised agents/representatives full authorization to do a complete financial and ITC check.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

