



## FRANCHISE APPLICATION FORM

<b>Tick appropriate box to indicate proposed business entity type</b>		<b>Sole Trader</b>		<b>Partnership</b>		<b>Private Company</b>		<b>Close Corporation</b>	
<b>One form per Partner, Director, Shareholder or Member to be completed</b>							<b>Number of Forms</b>		
<b>Full Names:</b>								<b>Title:</b>	
<b>Identity Number:</b>							<b>Position in Business Entity</b>		
<b>Marital Status:</b>	<b>Single</b>	<b>Divorced</b>	<b>Married</b>	<b>ANC</b>	<b>ICP</b>	<b>Other</b>	<b>No. Of Dependants:</b>		
<b>Residential Address:</b>									
<b>City or Town:</b>				<b>Province:</b>				<b>Code:</b>	
<b>E-mail address:</b>				<b>Telephone Number:</b>					
				<b>(Cell)</b>					
<b>Telephone Number:</b>				<b>Telephone Number:</b>					
<b>(H)</b>				<b>(W)</b>					
<b>For which town or suburb is this application?</b>									
<b>Address if a prospective site has been found:</b>									
<b>One of the Franchise requirements is that effective control and physical day-to-day running of the Store must be by a 15% equity holder in the business entity. Do you understand and accept this requirement?</b>									
<b>Current occupation:</b>							<b>Commencement Date:</b>		
<b>Who is your Employer or if self employed name of enterprise:</b>									
<b>Last 3 occupations or business interests in order of most recent first.</b>				<b>From Date</b>			<b>To Date</b>		
<b>1:</b>									
<b>2:</b>									
<b>3:</b>									



<b>Please detail all Business Interests:</b>		
<b>Businesses Owned: 1.</b>		
2.		
3.		
<b>Bankers:</b>		<b>Account No:</b>
<b>Branch:</b>		<b>Branch Code:</b>
<b>What is the amount of your own unencumbered cash that you have available to invest in the Franchise outlet: R</b>		
<b>Properties Owned:</b>		
<b>1. Market Value R</b>	<b>Bank/Financial Institution</b>	<b>Bond Balance R</b>
<b>2. Market Value R</b>	<b>Bank/Financial Institution</b>	<b>Bond Balance R</b>
<b>Liabilities: R</b>	<b>Loans: R</b>	
<b>Overdraft: R</b>	<b>Credit Cards: R</b>	
<b>Do you accept that a comprehensive and formal interview will be conducted with the prospective franchisee who is the majority shareholder or will be running the day-to-day store operations to determine if they meets the Warrior Paints criteria? Mark with an X</b>	<b>Yes</b>	<b>No</b>
<b>Any costs for transportation, accommodation, meals, salaries and wages of the Franchisee or his staff will be for the franchisees account. This includes training, seminars, workshops, lunches or any other instances where the Franchisor requires their attendance. Do you accept and understand this requirement?</b>		
<b>We assist the Franchisee in site feasibility studies but cannot guarentee success of Franchise stores. Do you accept and understand this fact?</b>		
<b>Have you been declared insolvent</b>	<b>Yes</b>	<b>No</b>
<b>If yes provide details:</b>		



<b>Why do you want to invest in a Warrior Paints &amp; Hardware Franchise store?</b>
<b>Personal motivation why you should be considered for a Franchise:(50 Words minimum)</b>

**I declare that the information in this application form is true and that I authorise Warrior Paints & Coatings (Proprietary) Limited to conduct credit checks or verify this information, as it deems necessary.**

**DATE:**    /    /20    .

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**NAME OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

\_\_\_\_\_  
**NAME OF WITNESS**