

Expert Clean & Pest Control



Franchise Application Form

Thank you for your interest in the Expert Group of Services Franchise.

We are looking for franchisees with the following profile:

Operational: Able to personally run the business full-time

Location: Ideally live in the area where they would operate

Personality: Motivated, positive attitude and management ability

Strong commitment to business & drive to succeed

Excellent customer-service orientation

If you meet this profile, we invite you to complete this application form and return it to us along with a copy of your most recent CV and Passport / ID document. All information provided will be treated with the strictest confidence.

FRANCHISE APPLICATION FORM

Please tick the relevant box – Application for:

☐

Cleaning Franchise

☐

Pest Control Franchise

PERSONAL INFORMATION

ID / Passport No. _____

(Attach a copy of identity book / Passport)

Surname: _____ First Name: _____

Initials: _____

Tel: (H): _____ (B): _____

(Cell): _____

Residential Address:

Town / City:

How Long at this Address: (yrs) _____ Rented / Owned:

Postal Address:

Previous Address:

How Long at this Address: (yrs) _____ Rented / Owned:

Home Language:

Other Languages:

Present Occupation:

Academic Qualifications:

Own Business Experience:

Age: _____

If currently Self-Employed, specify Name and Nature of business:

How long have you been self Employed:

Previously Sequestered: YES _____ NO _____

Date: _____

Rehabilitated: YES _____ NO _____

Date: _____

Criminal Record:

Have you ever been declared bankrupt or has any company you previously ran become insolvent?

Marital Status: Single / Married / Married out of Community

Date Married: _____

OTHER PARTIES INVOLVED

SELECT: Spouse _____ Manager _____ Other _____

% Share _____

Nature of Involvement / Position to be Held: (e.g. Manager / Sleeping Partner)

Applying for Sole Proprietor, Partnership or Close Corporation:

First Name & Surname:

Residential Address:

Town / City:

Present Occupation:

Own Business Experience:

Academic Qualifications:

Age:

Previously Sequestered: YES _____ NO _____ OTHER _____

Rehabilitated: YES _____ NO _____

Date: _____

Earliest Date of Full Time Involvement: _____

FRANCHISE BUSINESS

Earliest Date of Full time involvement:

Preferred Areas:

What will make you an ideal franchisee:

Any experience operating a franchise:

BACKGROUND INFORMATION

Where did you hear about Expert Carpet Cleaning:

Who do you know in the cleaning industry?

Have you already visited us?

PERSONAL FINANCIAL POSITION

Bankers: _____

Branch: _____

Acc No:

Type of Account:

(I hereby authorize _____ to contact my bankers, who may disclose confidential information regarding my financial position, and provide you with a financial statement)

ASSETS & LIABILITIES

FIXED PROPERTY MARKET VALUE

Residential Property & Buildings R _____

Business Property & Buildings R _____

ASSETS: OTHER

Cash on Hand R _____

Other Investments R _____

Shares Pension R _____

Other Assets R _____

Sureties / Guarantors

ASSETS: TOTAL R _____

LIABILITIES

Bond Over Residential Property
(Bond Holder?) Yes / No R _____

Total of any Other Liabilities: R _____

LIABILITIES: TOTAL: R _____

NET ASSETS / LIABILITIES R _____

MONTHLY NET PROFIT EXPECTED R _____

MOTIVATION

Please describe in as much detail as possible why you think you would make a success of the franchise and why you think one should be assigned to you:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

I hereby certify that all the information contained in this document and supporting documents is to the best of my knowledge true and correct.

SIGNED at _____ on day _____
Of _____ 20_____.

In the presence of the following witness:

As witness:

Name: _____

Sign: _____