



FRANCHISE APPLICATION

Confidential

Application's Name & Surname

Date

NOTE:

The information submitted on this form will be treated by Barcelos as strictly private and confidential.

A personal statement of Assets and Liabilities must be submitted by each prospective franchisee or by each individual partner, member, and shareholder of prospective franchisee in this application.

Please help us by completing all sections carefully and thoroughly. This form will help you prepare and present personal information that is essential for our consideration in granting a franchise. The completion of this application form places no continuing obligation on either Barcelos or you.

PART A: - GENERAL INFORMATION

Full Name: _____

Home Address: _____

Postal Code: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Previous Address (If less than 4 years in current address): _____

Nationality: _____ Date of Birth: _____

Marital Status: _____ Spouse's Name: _____

Names and Ages of Dependants: _____

Do have a current driving licence? Yes No

Nature of Franchise interested in: Sole Proprietorship Partnership Limited Corporation Close Corporation

In which area would you be most interested in running a Barcelos Franchise operation?

Northern Cape Eastern Cape Western Cape Free State
North West Gauteng Mpumalanga Kwazulu Natal
Limpopo

Please specify area or town _____

Would you be prepared to relocate? Yes No

Have you ever worked at a Barcelos Franchise before? Yes No

Have you any relatives employed by Barcelos? Yes No

If yes, describe: _____

Are you, your relatives or your employer providing products, goods or services to Barcelos or Franchises of Barcelos? Yes No

If yes, explain: _____

Interests: List any hobbies, community activities or other interests: _____

PART B – EDUCATION

Higher Education: i.e. education since leaving school. Include qualifications.

Course Description	Qualifications	Year	Name & Address of Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Secondary Education: i.e. to normal school leaving age, 16 or 18.

Subjects Taken	Qualifications	Year	Name of School / College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART C – BUSINESS EXPERIENCE

Have you had any experience in the food industry? Yes No
 If yes, please describe: _____

References: Please give them details of two business or academic references. (No contact will be made until you are accepted into the Franchise programme).

Name	Address	Occupation	No. of years known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART D– WORKING HISTORY

DATES	EMPLOYER'S OR BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	POSITION HELD	DESCRIBE DUTIES & RESPONSIBILITIES & NO OF EMPLOYEES SUPERVISED	REASON FOR LEAVING
FROM TO					

PART E- FINANCIAL STATEMENT

PERSONAL FINANCIAL STATEMENT

Salary Wages (for most recent 12 months) _____

Bonus, Commission: _____

Dividends, Interest: _____

Property Income: _____

Business Profits: _____

Other Income (please specify): _____

Spouse Income: _____

Total: _____

Do you have any other business interests? Yes No

If yes, please describe: _____

ASSETS:

LIABILITIES:

Cash on hand in Banks: _____ Loans payable – Bank: _____

Securities, Shares, Unit Trusts: _____ Loans Payable to Friend/Family: _____

Bonds and Debentures: _____ Accounts and Bills Due: _____

Notes, Accounts Receivable: _____ Property Mortgages: _____

Property – Current Market Value: _____ other Debts or Obligations: _____

Net Value of Business Interests: _____

Other – Car and Personal Property: _____

Total Assets: _____ Total Liabilities: _____

Net Worth (Assets less Liabilities): _____

GENERAL INFORMATION:

How much free capital do you have available to invest in a Barcelos Franchise? _____

Have you or your spouse ever declared personal bankruptcy? If yes, please explain: _____

Have you ever had a business failure? If yes, please explain: _____

BANK DETAILS:

Full Postal Address: _____

Postal Code: _____

Bank's Name: _____

Account Holder's Name: _____

Account Number: _____

Branch Code: _____

PART F- GENERAL INFORMATION

How and where did you hear about Barcelos Franchising opportunities? _____

Why do you think you are suited to becoming a successful Franchisee? _____

In which areas would you have to improve to become a successful Franchisee? _____

Will you devote your full time to the business? Yes No

History of Convictions:

Have you ever been convicted of any criminal offence? Yes No
If yes, please give details: _____

Medical History:

Please give below details of any illnesses, operations or accidents, giving dates:

Date	Details
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please support this document with relative documentation:

- Registered copy of CK1 / Certificate of Incorporation
- Certified copies identity documents of all the members, shareholders or partners concerned with the Franchise
- Receiver of Revenue – VAT (if relevant)
- Confirmation by all bankers including bonds/loans) of bank balance/outstanding balance
- Copies of property deeds

I hereby declare that, to the best of my knowledge and belief, the above statement and particulars are true and complete. I also authorise you to make any enquiries you consider necessary in connection with this application. I undertake to furnish any alterations to the above particulars should I apply for further credit at any further time. I am aware that, should this application be refused, no reason needs to be given.

I understand that any misrepresentation of factual information requested on this application form may be cause for removal from the Barcelos system.

Name and Surname: _____ Designation: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____