



Franchisee Qualification Application form

Applicant Information

P: 02 6299 2666 F: 02 6297 2476

PLEASE INDICATE YOUR INTEREST



Please indicate whether you are interested in

- New Sites Existing Stores Both New & Existing Stores

Please list your ideal locations in order of preference, please be as specific as possible.

Proposed Franchisee

- Sole Trader (1 individual) Partnership (2 or more individuals) Company (Pty Ltd)

If the Franchisee is to be a Company, please complete below (if known)

Company Name ACN/ABN

Registered Address

Directors

Is the company a trustee? Yes No

If Yes, provide details of name of trust, date established and beneficiaries.
(Coffee Guru Pty Ltd may request a copy of the trust deed)

Details – Applicant (1)

Please complete information below for all individuals

Full Name

Private Address

Suburb

Postcode

Telephone: Home Mobile

Email Address

Drivers Licence Place of Issue

Date of Birth

Health Good Fair Poor

Describe any physical or mental disabilities or limitations:

Are you an Australian citizen? Yes No

If No, then please provide details of your Permanent Residency Visa and right to work in Australia

Marital Status

Spouse's Name

Spouse's Age

Number of Children

Age(s) of Children

If married will your spouse be active in the business?

Yes No

If Yes, how many days per week?

Propose share of Ownership of Business by Applicant 1: (%)

Current Directorships / Business interests of Applicant 1

Previous Directorships / Business interests of Applicant 1

Personal Qualifications, Degrees or Diplomas

Formal Training in sales, retailing or Management

Details – Applicant (2)

Please complete information below for all individuals

Full Name

Private Address

Suburb

Postcode

Telephone: Home Mobile

Email Address

Drivers Licence Place of Issue

Date of Birth

Health Good Fair Poor

Describe any physical or mental disabilities or limitations:

Are you an Australian citizen? Yes No

If No, then please provide details of your Permanent Residency Visa and right to work in Australia

Marital Status

Spouse's Name

Spouse's Age

Number of Children

Age(s) of Children

If married will your spouse be active in the business?

Yes No

If Yes, how many days per week?

Share of Ownership of Business of Applicant 2: (%)

Other Directorships/Business interests of Applicant 2 (Previous and Current)

Personal Qualifications, Degrees or Diplomas

Formal Training in sales, retailing or Management



Current Employment details – Applicant (1)

Occupation/Position	<input type="text"/>
Company	<input type="text"/>
Type of Business	<input type="text"/>
Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Commencement Date	<input type="text"/>
Responsibilities and number of people supervised	<input type="text"/>

Previous Employment History – Applicant (1)

Occupation/Position	<input type="text"/>
Company	<input type="text"/>
Type of Business	<input type="text"/>
Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Period of Employment	<input type="text"/>
Reason for Leaving	<input type="text"/>
Responsibilities and number of people supervised	<input type="text"/>

Previous Employment History – Applicant (1)

Occupation/Position	<input type="text"/>
Company	<input type="text"/>
Type of Business	<input type="text"/>
Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Period of Employment	<input type="text"/>
Reason for Leaving	<input type="text"/>
Responsibilities and number of people supervised	<input type="text"/>

Current Employment details – Applicant (2)

Occupation/Position	<input type="text"/>
Company	<input type="text"/>
Type of Business	<input type="text"/>
Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Commencement Date	<input type="text"/>
Responsibilities and number of people supervised	<input type="text"/>

Previous Employment History – Applicant (2)

Occupation/Position	<input type="text"/>
Company	<input type="text"/>
Type of Business	<input type="text"/>
Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Period of Employment	<input type="text"/>
Reason for Leaving	<input type="text"/>
Responsibilities and number of people supervised	<input type="text"/>

Previous Employment History – Applicant (2)

Occupation/Position	<input type="text"/>
Company	<input type="text"/>
Type of Business	<input type="text"/>
Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Period of Employment	<input type="text"/>
Reason for Leaving	<input type="text"/>
Responsibilities and number of people supervised	<input type="text"/>

References

Please provide 2 trade references and 1 personal reference

Name	<input type="text"/>
Telephone	<input type="text"/>
Position	<input type="text"/>
Company	<input type="text"/>
Nature of Reference (i.e. Personal, employment etc.) (previous employer, supplier etc.)	<input type="text"/>

Name	<input type="text"/>
Telephone	<input type="text"/>
Position	<input type="text"/>
Company	<input type="text"/>
Nature of Reference (i.e. Personal, employment etc.) (previous employer, supplier etc.)	<input type="text"/>

Name	<input type="text"/>
Telephone	<input type="text"/>
Position	<input type="text"/>
Company	<input type="text"/>
Nature of Reference (i.e. Personal, employment etc.) (previous employer, supplier etc.)	<input type="text"/>

Financial Background

Are you or have you ever been, bankrupt, the subject of a sequestration order or creditor's petition, warrant or execution, or had estate assigned for the benefit of creditors?

Yes

No

If YES, give details including when discharged (if relevant)

Are you, or have you ever been not creditworthy?

Yes

No

**A person is not credit worthy when suppliers will no longer supply credit because of the person's past record of bad payment of accounts.*

If YES, give details, including place and time.

Have you ever been the director of a company which has appointed a receiver, official manager, administrator, provisional liquidator or has otherwise traded as insolvent?.

Yes

No

If YES, give details including company name and ACN

Convictions and Legal Proceedings

Give details of any conviction against you personally, in any State or Territory of Australia or elsewhere, under any legislation.

Place & Year, of conviction

Type of Offence

Penalty

Give details of any civil judgement against you or a company of which you were a director.

Place & Year, of conviction

Type of Offence

Penalty

Household Income/Expenditure

(List current monthly information)

Income

\$

Wages/Salary (after Tax)

Bonus/Commissions

Dividends/Interest

Real Estate Income

Other Income (specify)

Expenditure

\$

Mortgage Repayments

Finance/Loan Repayments

Credit Card Repayments

Telephone/Electricity

School Fees & Expenses

Rates & Taxes

Insurance

Other Expenditure (specify)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		
Total	<input type="text"/>	Total	<input type="text"/>

Statement of Assets and Liabilities

Please provide details on the following asset verification schedules

ASSETS

\$

(1) Real estate – current market value	<input type="text"/>
(2) Cash on hand in financial institutions	<input type="text"/>
(3) Net value of business interests	<input type="text"/>
(4) Shares/bonds debentures – current market value	<input type="text"/>
(5) Other assets	<input type="text"/>
(A) TOTAL ASSETS	<input type="text"/>

LIABILITIES

\$

(1) Real estate & mortgages	<input type="text"/>
(2) Credit cards/overdrafts/loans payable to financial institutions	<input type="text"/>
(3) Loans payable to friends and relatives	<input type="text"/>
(4) Leasing/hire purchase finance obligations	<input type="text"/>
(5) Loans guaranteed for others	<input type="text"/>
(6) Other debts and obligations	<input type="text"/>
(B) TOTAL LIABILITIES	<input type="text"/>
(C) NET WORTH (A)-(B) =	<input type="text"/>

REAL ESTATE

Address & description of Property (residential, rental, vacant)

Date Acquired

Title in Name

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

3

Original Cost

Original Mortgage Account

Monthly Repayments

Current Market Value

Current Mortgage Balance

Net Value

1

2

3

TOTAL

CASH ON HAND AND IN FINANCIAL INSTITUTIONS

Name of Financial Institution

Description of Deposit

Amount \$

Maturity \$

TOTAL



BUSINESS INTEREST

	Name of Business	Description	Type (Partnership, Company, Sole Trader)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Owners Names	Relation to Applicant	%Equity/ Ownership	Valuation Method	Net Value
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL					<input type="text"/>

LISTED SECURITIES

	# Shares	Description	Current Market Value
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL			<input type="text"/>

	# Bonds/Debentures	Description	Face Value	Current Market Value
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL

OTHER ASSETS

eg. Share options, cash value of life insurance, superannuation, automobiles and other personal property etc.

Description

Current Market Value

1

2

3

4

TOTAL



LOANS/CREDIT CARDS/NOTES/ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS OR OTHERS (excluding mortgages and debts listed below)

Lender

Relation to Applicant

Nature of Debt

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secured
YES/NO

Maturity Date

Original Face
Value

Monthly
Repayments

Interest Rate

Present Balance

1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL

OTHER DEBTS AND LIABILITIES

eg. Insurance loans, HECS debt, spousal maintenance, child support, leases, contracts, legal claims, judgements, chattel mortgages, taxes, guarantor etc.

Obligee

Description

Amount

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL

QUESTIONNAIRE

In order for both an individual and a company to grow, they must have common goals and beliefs. The following questionnaire will help determine your needs and ascertain whether or not they run parallel to our client's needs. Please be frank with your answers. Failure to disclose material information may hinder our ability to assess your suitability as a potential franchisee.

If you could have any job or position you wanted, what would you do?

Why do you want to buy a Coffee Guru franchise, and in particular what features of this Franchise have attracted you?

How do you intend to finance the purchase of the Coffee Guru franchise?

Why do you believe you are suited to operating a Coffee Guru franchise?

Are you prepared to comply with the procedures and controls set by Coffee Guru?

Will you devote yourself full time to the business?

Yes

No

If YES, how many hours per day, per week?

Do you have the support of your spouse and/or family in what you are doing?

Yes No

Are members of your family going to be involved in the business from the commencement either on a regular basis or when the need arises?

Yes No

If YES, who are they, and what are their ages, business experience and/or academic qualifications?

Are you considering a partner?

Yes No

If YES, what is their name and address? Your partner should complete a separate application form.

Partner's percentage of business?

What do you think is likely to make the difference between success and failure in your business?

What do you feel has been your greatest accomplishment in your life?

What has been your greatest disappointment?

What have you done in the past year to improve yourself?

What level of total earnings (wages and profits) would you like to make this year with your business?

First Year: \$

Second Year: \$

Third Year: \$

How would you cope with unexpected losses as the business is building and any other set backs?

What do you consider to be your greatest strengths?

What do you consider to be your greatest weaknesses?

What factors of the past have contributed most to your own development?

What factors would you say have been handicaps in preventing you from moving ahead more quickly in obtaining a business?

Why are you considering going into business now?

Based on mutual acceptance, what date can you start?

What do you see are the benefits of joining a franchised group in comparison with being on your own?

What about any disadvantages?

What else do you think we should know about you to understand you better and to determine what your association with us could mean?

Are you aware that if this application proceeds further, certain information provided and/or advised to you by Coffee Guru is confidential. It must not be divulged to any third person unless Coffee Guru gives its approval?

Yes No

Do you understand that you must make your own enquiries and get your own legal and accounting advice when considering this business opportunity?

Yes No

Please provide your advisors' details:

Accountant's Name

Company Name

Address

Telephone Number

Facsimile Number

Solicitor's Name

Company Name

Address

Telephone Number

Facsimile Number

Declaration

I/We

Of

declare as follows:

1. I / We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects, and that no relevant details have been omitted.
2. I / We acknowledge that if any information included in this Application is false or misleading in any way, Coffee Guru shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this Application.

I / We also acknowledge and agree that Coffee Guru Pty Ltd:

1. Is collecting the information contained in this Application to assess whether I/we should be considered as a potential franchisee;
2. Is relying upon the information contained in this Application as a material factor in considering this Application;
3. Is authorised to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;
4. May provide the information contained in this Application to its advisers, including its accountants, lawyers and consultants.

Dated this day of 20__

I have read, understood and agree to the above declaration.

Signature _____

Signature _____

