

CONFIDENTIAL FRANCHISE APPLICATION FORM

1. It is understood that this application is in no way binding upon either Coffix Limited or the applicant to enter into a Franchise Agreement.
2. The applicant authorizes Coffix Limited to check any employment, personal or credit references. Coffix Limited will seek your approval immediately and prior to the checks.
3. Coffix Limited undertakes to treat this application in a confidential and appropriate manner.
4. The applicant will keep all verbal and written communications strictly confidential and will not disclose or discuss it with any other parties except their legal & financial advisors.
5. The applicant understands that all written information supplied must be immediately returned upon request.

PERSONAL DETAILS

Full name :	Date of birth:	
Address:	City:	Postcode:
Time at this address:	Partner's Name:	
Home phone:	Mobile:	

Will your partner be involved in the business? Yes / No
If yes please explain in what way:

A little bit about your hobbies, interests, community involvement:
State of health:

EMPLOYMENT HISTORY AND/OR BUSINESS EXPERIENCE

Dates	Position	Responsibilities	Income

What customer service experience have you had? Yes / No

Do you have experience in managing staff? Yes / No

What sales & marketing experience have you had? Yes / No

Have you ever owned a business? Yes / No

Have you or your partner ever failed in business, compromised creditors, or been adjudged bankrupt? Yes / No If Yes, please explain the circumstances & any remaining liabilities.

Are any lawsuits pending against you? If Yes, please provide details.

Do you have any criminal convictions? If Yes, please provide details.

EDUCATION & QUALIFICATIONS

Date	Qualification/Achievement

FRANCHISE ENQUIRY

Where did you hear about COFFIX?
Have you visited/frequented any of our outlets?
Why do you wish to own a COFFIX Franchise?

EXPECTATIONS

Do you regard a franchise as an investment, career or speculation?
How much time do you expect to devote to the business?
When will you be available to open/take over the business?
Please list your preferred locations for a Coffix Franchise:
What level of income would you initially expect to earn from a COFFIX franchise?
Other expectations:

FINANCIAL STATEMENT

Later in the recruitment process you may be asked to provide further information to support your statements below.

How do you propose to finance your COFFIX franchise?
Will partners/shareholders be involved? Yes / No If Yes please provide the following details
Name, experience and amount of capital they will introduce:
To what extent will the other parties be involved in the business?
Other financial information:

REFERENCES

References will only be checked after your approval has been given.

Employment or business references: please provide the following details: Company, name, Phone number, Relationship to you
1.
2.

Character or Personal References: please provide the following details: Name, Phone number, Relationship to you
1.
2.

The applicant warrants that the information contained in this application form is accurate and understands that Coffix Limited relies on it while assessing the application.

Signed

Date

Signed

Date