



FRANCHISE APPLICATION

(Please take note that should there be more than one (1) member, partner or shareholders a separate application form must be completed by all parties)

1. PERSONAL PARTICULARS

Surname _____

Name _____

Preferred name: _____

Age _____

ID Number _____

Nationality _____

SA Citizen Yes: _____ No _____

** Please take note that we can approve you as a franchisee however we cannot guarantee that the landlord will allow you to proceed in taking over the franchise if you are not a SA Citizen.**

Contact Numbers: Cellular: _____

Alternative number: _____

Business: _____

Fax: _____

E-mail: _____

Physical Address (full) _____

Postal Address _____

Marital Status: Married IN community _____ Married OUT of community _____

Single _____ Divorced _____

If Married IN Community of property, (spouse must also complete an application form)

Should your application be successful do you intend in operating the business in your:

Company ()

Trust ()

Name of (PTY) LTD /TRUST: _____

Registration Number: _____

VAT Number: _____

Please indicate shareholding should there be 2 or more members:

Member 1:

Member 2:

Member 3:

Member 4:

*****It is strongly suggested that a Company be registered***

2. AREA OF PREFERENCE *(Please Tick / write your preference)*

Gauteng
• Jhb:
• Pretoria:
• Other:
Western Cape:
• Cape Town & Surroundings:
• West Coast:
• Garden Route:
• Other:
Natal:
• Durban :
• Pietermaritzburg:
• South Coast:
• North Coast:
• Other:

Mpumalanga:
Specify:
Limpopo:
Specify:
North West:
Specify:
Eastern Cape
Specify:
Free State
Specify:
Northern Cape
Specify:

We would like to suggest that when making your choice above that you do not select a region/area that is too far from where you reside as it is very important that you are able to manage and be involved in your franchise as much as possible.

3. EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

School:		
Highest Grade/Standard Passed:		Year:
University Exemption:	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]

TERTIARY QUALIFICATIONS/ACTIONS

Establishment:		Date:
Qualifications:		
Major subjects:		
Establishment:		Date:
Qualifications:		
Major subjects:		

4. EMPLOYMENT HISTORY

(Details of employment - history of last 5 years) (Alternatively Attach Curriculum Vitae)

Current Company:				
Position:				
Employment	From:		To:	
Responsibilities:				
Company:				
Position:				
Employment	From:		To:	
Responsibilities:				
Reason for leaving:				
Company:				
Position:				
Employment	From:		To:	
Responsibilities:				
Reason for leaving:				

5. LEGAL QUESTIONNAIRE

Have you or any company that you were a director of or any close corporation that you were a member of, ever been sequestrated, liquidated or wound up?

Yes []

No []

If Yes - State dated when rehabilitated:

Is there any outstanding litigation against you or your partners? Yes [] No []

If Yes - please supply details:

Have you ever been involved in running your own business? Yes [] No []

If Yes - please supply details:

Have you or any company that you were a director of or any close corporation that you were a member of, stood as surety/guarantee for the obligations of any person or entity?

Yes []

No []

Name:

Have you or any company that you were a director of or any close corporation that you were a member of, been sequestrated?

Yes []

No []

If Yes, please give the following details:

Name of Liquidator/Trustee:

Telephone Number:

Address:

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS APPLICATION FORM

A certified copy of:

- **CK1 / CM29 / CK 2 (IF AVAILABLE AND REGISTERED AND USING THE REGISTERED ENTITY)**
- **Certified copies of Identity documents of all the members, shareholders or partners concerned with the Franchise**
- **3 Months Bank Statements**

FINANCIAL INFORMATION	
Present Banking Institution:	
Bank:	
Branch:	
Account Number:	
Overdraft facility	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Amount of Overdraft Facility: R
Current Business Bank Balance: R	(attach latest 3 months bank statements)
Security given to Bank for Overdraft Facility: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	(attach copies of all security documents)

Credit References:	
Company:	
Branch:	
Account Number:	
Company:	
Branch:	
Account Number:	
Company:	
Branch:	
Account Number:	

Personal References:	
Name:	
Address:	
Telephone Number	
Relationship	

Capital	
What is your expected Nett Profit Per Month from your King Pie?	
Upfront cash available (at least 50% (R275 000) cash is required - the balance may be financed):	Please specify an amount available and attach proof of funds:
Source of cash, i.e. savings, shares, pension fund payout etc	

IT IS ESSENTIAL TO COMPLETE THE FOLLOWING 3 PAGES

STATEMENT OF ASSETS AND LIABILITIES

Monthly Income:

Salary - self	
Salary - spouse	
Commissions	
Investments	
Other	
TOTAL INCOME	R

R

Monthly Expenditure:

Taxation	
Pension	
UIF	
Medical Aid	
Rent/Bond payments	
Electricity & Water	
Rates and Taxes	
Hire Purchase Installments	
Lease Agreements	
Credit Card Accounts	
Insurance Premiums	
Life Assurance Premiums	
Transport	
Loan Repayments	
Other Expenses:	
Donations	
Alimony/Maintenance	
Children's Clothing / Education	
Entertainment	
Groceries	
Clothing Accounts	
Telephone Accounts	
Doctor/Chemist	
Maid / Gardner	
TV rental / M Net	
TOTAL EXPENDITURE	R

R

Surplus Available

R

STATEMENTS OF LIABILITES

Balance Sheet of: _____ (Name)

Bonds / And / or amounts owing under the Deeds of Sale

Name of Farm/Plot or Physical address

1 _____

2 _____

Name of Bond Holder

1 _____

2 _____

Initial loan amount:

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

Date when full amount is repayable:

1 _____

2 _____

Current value/Balance (amount)

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

Bills payable / Sundry Creditors

Loans (Including insurance Companies)

To whom due

1 _____

2 _____

Date when full amount is payable:

1 _____

2 _____

Current Value/Balance (amount)

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

TOTAL LIABILITIES (Quantifiable)

<input type="text"/>

Specify here contingent Liabilities as Guarantor, Surety or otherwise

I hereby declare that his is a full, true and correct Statement of all know liabilities at the above date

Signed at _____ on _____ 2014

Signature

STATEMENTS OF ASSETS

Balance Sheet of: (Name) _____

Fixed Property (Registered in my name) / or amounts owing under the Deeds of Sale

Name of Farm/Plot or Physical address / Description of items (Vehicles, furniture, etc)

1 _____

2 _____

Date Purchased

1 _____

2 _____

Price Paid:

1 _____

2 _____

R

Date when full amount is payable:

1 _____

2 _____

Current value/Balance (amount)

1 _____

2 _____

R

Investments (Private Co. Share/Loans etc.)

Description & Date issued

1 _____

2 _____

Maturity Date:

1 _____

2 _____

Current value / Balance

1 _____

2 _____

Shares

Number held)

Company: _____

Book Debts

Bank Balances

Cash

Goodwill and other assets R

--

R

TOTAL ASSETS

--

LESS LIABILITIES

--

NET WORTH

--

I hereby declare that this is a full, true and correct Statement of all known liabilities at the above date
Signed at _____ on _____ 2014

PLEASE NOTE:
APPLICATION FORMALITIES AND PROCEDURES

- | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. That all information will be regarded as confidential and private. |
| 2. This application will not obligate King Pie in any manner. |
| 3. The Applicant acknowledges that the approval by King Pie Holdings (Pty) Ltd of this application shall not result in a franchise or membership agreement between the parties. The Applicant acknowledges that he is aware that no valid franchise or membership agreement shall be concluded between himself and King Pie Holdings (Pty) Ltd unless and until: |
| At least 14 (FOURTEEN) days have elapsed since the Applicant has had sight of the DISCLOSURE DOCUMENT; |
| All requirements stipulated by King Pie after consideration of this application have been met in full, including, but not limited to: |
| (a) The execution by Applicant of a valid franchise/membership agreement presented to him by King Pie Holdings (Pty) Ltd; |
| (b) The execution of all further documents in terms whereof all securities required by King Pie Holdings (Pty) Ltd have been provided to the latter, and all securities have been duly register and/or procured by King Pie Holdings (Pty) Ltd; and |
| (c) All further requirements that may be required by King Pie Holdings (Pty) Ltd have been duly met by the Applicant. |
| 4. In the event of this application being refused by King Pie Holdings (Pty) Ltd, the application fee shall be forfeited in favour of King Pie Holdings (Pty) Ltd, where King Pie Holdings (Pty) Ltd incurred costs in respect of traveling, consultations, drawing of plans or any expenditure in respect thereto. |
| 5. The Applicant is hereby advised to conduct an independent investigation of the business as applied here for, and is advised to obtain independent advice from a legal practitioner, auditor, and/or franchise consultant which written confirmation by such advisor is to be lodged with King Pie Holdings (Pty) Ltd simultaneously with lodgment of this Application. |

I understand that King Pie Holdings (Pty) Ltd, is relying upon all the above information as a material factor in considering my application to become a franchisee of their group, and I therefore agree to promptly notify King Pie of any material information changes.

Signed at:	on this _____ day of _____ 2014
Signature:	

EXTRACTS OF THE MINUTES OF THE MEETING OF DIRECTORS / MEMBERS / TRUSTEES

_____ T/A _____

HELD at _____ On the _____ day of _____

IT WAS RESOLVED THAT:

1. The Company / Close Corporation / Trust may apply to King Pie Holdings to become a Member / Franchisee of the Franchise Division, to complete and sign the required Application form, to present King Pie with all required documentation and to resume and accept all the rights and obligations in terms of such Application.
2. _____ in his capacity as Director / Member / Trustee be authorized to sign the Franchise Agreement on behalf of the Company / Close Corporation / Trust.

CERTIFIED A TRUE COPY:

DIRECTOR / MEMBER / TRUSTEE

DIRECTOR / MEMBER / TRUSTEE

DIRECTOR / MEMBER / TRUSTEE

CONSENT AND DECLARATION

CREDIT BUREAU

The Applicant hereby:

- consents and approves for King Pie Holdings (Pty) Ltd to carry out a credit enquiry in respect of the Applicant and/or any of its members, shareholders, directors, partners or trustees, either by accessing any credit agency's database or making inquiries with any credit grantors for purposes of making any risk management decision regarding this application;
- declares that the information supplied herein or attached hereto, is true and complete in every respect;
- is aware that should any information be found to be false or incomplete this could lead to the refusal of this application or to criminal prosecution.

SIGNED at _____ on this _____ day of _____ 2014

WITNESS:

APPLICANT SIGNATURE:
