



FRANCHISE APPLICATION FORM

Applicant's Name _____

Date _____

This form applies to the John Dory's Fish and Grill Franchise under the control of Spur Group (Pty) Ltd. This form will aid you in preparing and presenting personal information that is essential for our consideration in any granting of a John Dory's Fish and Grill Franchise. Spur Group (Pty) Ltd shall have the sole and absolute discretion as to whether or not to grant you a John Dory's Fish and Grill franchise. No continuing obligation is placed on you or us upon completion and submission of this form and completion of this form shall not entitle you to the grant of a John Dory's Fish and Grill Franchise. On completion please send this form to the e-mail address noted below.

The completed franchise application form must be returned to one of our representatives at the details listed below.

Contact Person	Office	Office Tel No.	Mobile No.	Email Address
Leonard Coetzee	Durban	(031) 267-2174	082 456 0715	leonardc@johndorys.co.za

**2B Derby Down Office Park
University Road
Westville
South Africa**

Telephone: 27 31 267 2174

Fax: 27 31 267 2021

NOTES (PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM)

- This application must be completed in full and returned to the above address before your application can be processed.
- Ensure that information provided is accurate and comprehensive.
- Please write clearly.
- Read the notes at the beginning and throughout each section to ensure that you fulfill the requirements of that section.
- Ensure that any attachments required are submitted with this application.
- If any information is not available, annotate the item accordingly and indicate when such information will be furnished.
- Where sections are required to be completed by more than one individual, ensure that sufficient copies are made as applicable.
- All directors/ shareholders of a company, all members of a close corporation and all partners of a partnership are to complete a statement of Assets and Liabilities.
- Please attach the schedules applicable to the statement of assets and liabilities.
- Please attach photocopies of identification documents of all members shareholders or partners involved in the proposed ownership of the franchise.
- Please attach proof of unencumbered funds in the form of a current bank statement or investment certificates.
- Please attach property deeds, or any other proof of ownership, if property has been included in your balance sheet.
- Please attach a copy of the registration papers of any company or Close Corporation.
- If a company or close corporation is the intended owner of the franchisee, please provide detailed corporate organogram of the entire corporate group.

PLEASE NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS THIS APPLICATION FORM IS COMPLETED IN FULL AND ALL SUPPORTING DOCUMENTATION IS FURNISHED SPUR GROUP (PTY) LTD SHALL BE ENTITLED TO REQUEST FURTHER INFORMATION UPON RECEIPT HEREOF.

Personal information

Name: _____

Address: _____

Postcode: _____

Country: _____

If the above address is less than five years, please provide former address(es):

Home phone: _____ Business phone: _____

Cell number: _____ Fax number: _____

E-mail address: _____

Date of birth: _____

Marital status: _____

Citizenship: _____

Spouse's name: _____

Date of birth: _____

Names and ages of dependents: _____

Do you have a current driving licence? Yes No

Describe your general health and physical condition: _____

Interests:

List any hobbies, community activities or other interests: _____

Please attach a copy of your C.V.

Education:

Secondary:

Name of school: _____

Location: _____

Year completed: _____

Qualification: _____

Tertiary:

Name of school: _____

Location: _____

Year completed: _____

Qualification: _____

Other:

Name of school or
higher learning
institution: _____

Location: _____

Year completed: _____

Qualification: _____

Business experience:

Complete the following information about your business experience or employment.
You may also include a current business resume.

From	To	Employer name and type of business	Position details (title, responsibilities)

Do, you or your investor associates have any experience in the food industry?: Yes No

If yes, describe:

Do you have any sales or services experience?: Yes No

If yes, describe:

Have you ever had responsibility for the employment, supervision or dismissal of employees?: Yes No

If yes, describe:

Please list what you consider to be your strengths in becoming a successful franchisee:

Please indicate what you would have to change / improve about yourself to be a successful franchisee:

Please insert details of a trade reference, including their full contact details and years known:

Please insert details of a personal reference, including their full contact details and years known:

Financial information

Currency: _____

ASSETS		LIABILITIES	
LIQUID ASSETS (A)		TOTAL LIABILITIES (D)	
Cash on hand and in banks		Loans payable to banks	
Accounts, loans, receivables		Loans payable to others	
Life insurance		Real estate – mortgages	
Shares		Leases	
Bonds and securities		Taxes payable	
Other		Other	
Total liquid assets		Total liabilities	

NON-LIQUID ASSETS (B)	
Real estate – market value	
Business interest	
Other	
Total non-liquid assets	

PERSONAL ASSETS (C)	
Motor vehicles	
Furniture and personal effects	
Other	
Total personal assets	

You are required to provide us with verification of any assets and / or liabilities listed here. Please attach the necessary schedules to this application form. Please indicate only the assets in which you have an interest (eg. Exclude the portion of the assets your spouse or business partner has an interest in.)

TOTAL ASSETS (A + B + C)

TOTAL LIABILITIES (D)

Can you personally meet our financial requirements? Yes No

If yes, please elaborate:

If no, please explain how you intend funding the venture:

In the event of you being assisted by Investor Associates, kindly ensure that each individual completes a separate application form.

Will you be operating the franchise as a Company/Partnership/Close Corporation?:

If so, please include a full business name and address of the company, partnership or closed corporation and include company registration number or CK documents :

Percentage shareholding (if any) of partners and/or operators (Indicate name and percentage) :

ANNUAL SOURCE OF INCOME:	
Salary	
Bonus and commission	
Interest	
Dividends	
Business profit	
Real estate	
Other income	
TOTAL INCOME	

Are you acting as Surety for yourself or any other party?

Yes

No

If yes, please describe (who, amount, etc.):

Have you ever been refused facilities by a bank or financial institution?

Yes

No

If yes, please describe the circumstances:

Have you ever been bankrupt?

Yes

No

Have you ever been convicted of anything other than a minor traffic offence?

Yes

No

If yes, please explain:

Will you devote your full time to this business?

Yes

No

Will you be the operator of this business?

Yes

No

If no, please complete a separate form for your operator (excluding Financial information section).

Site information

Location preferences:

First choice:

Second choice:

Third choice:

Would you be willing to relocate?

Yes

No

Have you identified a specific site?

Yes

No

If yes:

Is it an existing building or centre?

Yes

No

Please provide the address and full description of the proposed site:

If it is in a shopping centre, what is the size of the centre? _____

Are the premises available to lease?

Yes

No

If yes, please provide quoted rentals and any other lease information:

Please indicate when you will be able to commence this venture:

Declaration

I hereby warrant and declare that the above information in this application, as well as that submitted on the statement of assets and liabilities, is to the best of my knowledge true and correct and I authorise Spur Group (Pty) Ltd to conduct its own enquiries as to the accuracy of these statements. I also agree that Spur Group (Pty) Ltd may carry out a credit reference enquiry at their own expense.

Applicant signature

Date