

FICE USE ONLY:

Section 1 Approved - Yes/No

Section 2 Approved - Yes/No

Manager - FSS _____

FRANCHISE APPLICATION

"CONFIDENTIAL"

Full Name: _____	Date: _____
Telephone No: _____ (Business)	_____ (Home)
Franchise: _____	Preferred Area: _____
Email: _____	

The attached application is provided to determine your suitability as a Franchisee. It should be completed fully in your own handwriting.

We suggest that the information be current and accurate.

To clarify your financial position you may be requested to produce proof of your financial situation. *

While we will be contacting your references to assist us we will not disclose the nature of your intended proposition.

Each application must be accompanied by a deposit of **\$2000**. Cheques should be made payable to CIOCCOLATO AUSTRALIA PTY LTD.

The purpose of the deposit is to establish your bona fides. It is fully refundable should you not proceed for any reason, or we decline your application.

This application is not a contract and is not binding on either party. It will be treated as confidential.

Please do not be offended if after preliminary discussions, we consider you unsuitable as a Franchisee. We believe the success of our clients' Franchise Programmes have been due to the careful choice of each Franchisee.

Email: info@cioccolato.com.au
Website: <http://www.cioccolato.com.au>
Address: 198-202 Margaret Street, Toowoomba QLD 4350



The information contained in this form is confidential and details will not be divulged to any person or firm other than the Franchisor.

(Please print)

Name: _____
(First name) *(Surname)*

Current Residential Address: _____
(no & street name)

(Suburb) *(State)* *(Postcode)*

Tel No: _____
(Business) *(Home)*

(Mobile) *(Facsimile)*

D.O.B: _____ **Age:** _____ **Marital Status:** _____



Spouse's/Partner's Name: _____
(First name) *(Surname)*

Age: _____ **No. of Children:** _____ **Age of Children:** _____

How long have you lived at: your present address: _____ previous address: _____

Previous Address: _____
(no & street name)

(Suburb) *(State)* *(Postcode)*

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Health: poor, fair good: _____

Describe any physical disabilities or health problems? _____

List your interests & special skills: _____

Driver's Licence No: _____ Where Licence Issued _____



COMPANY INFORMATION

Name and ACN of companies you have been a director of in the past 5 years?

- 1. _____ (company name) _____ (ACN)
- 2. _____ (company name) _____ (ACN)
- 3. _____ (company name) _____ (ACN)

If more, please provide details on facing page.

Have any of these companies been placed in Administration or wound up? Yes No

If YES, please provide details: _____

Have you ever been declared bankrupt or charged with fraudulent conduct? Yes No

If YES, please provide details: _____

PRESENT OCCUPATION

(or previous occupation if between appointments)

Position: _____

Company: _____

Address: _____

Type of Business: _____ Period of Employment: _____

Describe responsibilities and number of people supervised:

EDUCATION

(Please list any professional degrees or qualifications)

FINANCIAL INFORMATION

\$	\$
Present annual Income: _____	Fixed Annual Outgoings: _____
Wages or Salary <i>(after tax)</i> _____	Mortgage Repayments: <i>(see Table 1)</i> _____
Bonus or Commission: _____	Loan Repayments: <i>(see Table 2)</i> _____
Dividends: _____	Other Income <i>(provide details)</i> _____
Other Income <i>(provide details)</i> _____	Other Income <i>(provide details)</i> _____
_____	_____
_____	_____
TOTAL _____	TOTAL _____

Phone: +617 4911 1111
 Email: info@cioccolato.com.au
 Website: http://www.cioccolato.com.au
 Address: 128-202 Margaret Street, Townsville QLD 4750

FINANCIAL INFORMATION (Continued)

ASSETS		LIABILITIES	
	\$		\$
Cash on hand	_____	Overdrafts (see Table 2)	_____
Cash in banks/savings institutions	_____	Creditors (See Table 2)	_____
Bank/Branch	_____	Leasing Finance	_____
.....		(see Table 2)	
Bank/Branch	_____	Hire Purchase	_____
.....		(see Table 2)	
Bank/Branch	_____	Personal Loans	_____
.....		(see Table 2)	
Other	_____	Other Loans	_____
		(see Table 2)	
Securities (shares, bonds, life insurance, superannuation)	_____	Loans Guaranteed for others (provide details)	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Money due to you (details)	_____	Mortgages Payable	_____
_____		(see Table 1)	
Real Estate (market value) (see Table 1)	_____	Other Debts (detail)	_____
		_____	_____
		_____	_____
		_____	_____
Your business	_____		
Motor vehicles	_____		
Other Assets (detail)	_____		
TOTAL	_____	TOTAL	_____

FINANCIAL INFORMATION (Continued)

TABLE 1 – Real Estate

Property Description & Address	Date of Purchase	Purchase Price	Current Value	Mortgagee	Mortgage Term	Monthly Payment	Amount Owing
TOTAL \$ _____							

TABLE 2 - ➤current loans ➤creditors ➤overdrafts ➤hire purchase ➤leasing

Property Description & Address	Date of Purchase	Purchase Price	Current Value	Mortgagee	Mortgage Term	Monthly Payment	Amount Owing
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 needs. Please be frank with your answers.



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

2. What qualities do you have that you believe are valuable if you became part of this Franchise?

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

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

5. What has been your greatest disappointment?

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

QUESTIONNAIRE (Continued)

7. Why do you want to go into business?

8. Do you appreciate that nobody can predict the future of a business, regardless of the track record of the Franchisor? _____ Why do you think you will be successful?

9. During your initial meetings, were you promised a particular turnover or profit by any person?

10. What level of total earnings (wages and profits) would you like to make this year with a business? (Be realistic. A good result is a reasonable reward for your effort and a modest return on capital).

First year: \$ _____ Second year: \$ _____
Third year: \$ _____

11. How does your spouse/partner feel about your interest in this Franchise?

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

13. What do you consider to be your greatest strengths?


14. In our previous meeting which points about the Franchise were most important to you? Which one's disappointed you?

QUESTIONNAIRE (Continued)

15. What do people most often criticise you for?



16. What do you most often criticise others for?



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

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

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

20. Based on mutual acceptance, what date can you start?

21. Who among your acquaintances:

Encourages you the most? _____

Cautions you the most? _____

Discourages you the most? _____



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QUESTIONNAIRE (Continued)

22. Why are you considering going into business now?



23. If your business was not successful who would you consider would be responsible and why?

24. Who do you consider to be the most successful person you have ever met?

Why? _____

FINANCIAL/PERSONAL REFERENCES

Name: _____
Address: _____
Telephone: _____ Nature of Association: _____

Name: _____
Address: _____
Telephone: _____ Nature of Association: _____

Name: _____
Address: _____
Telephone: _____ Nature of Association: _____

GENERAL INFORMATION (Continued)

6. Who do you bank with? _____

Branch?: _____

7. Do you understand that you cannot rely on what QUANTUM CONSULTING or its representatives may say regarding the acquisition of a Franchise?

10. Who is the Solicitor you will rely on for your independent legal advice?

Name: _____ Firm: _____ Tel: _____

11. Who is the Accountant you will rely on for your independent accounting advice?

Name: _____ Firm: _____ Tel: _____

12. Who else would you rely on for advice regarding the purchase of this franchise?

I understand that the purpose of this application is to assess my suitability as a Franchisee.

I understand that referees and previous employees may be contacted.

I certify that the above information is true and correct.

Signed: _____ Date: _____