



www.washnshop.com
P.O. Box 344
Kerrimuir, VIC, 3129

Fx: +61 3 9495 1544

FRANCHISE APPLICATION FORM

CONFIDENTIAL EXPRESSION OF INTEREST

This document IS NOT A CONTRACT and does not obligate either party in any way. You are requested to fill out this form in complete detail so that we can better evaluate your interest. The information provided is held in absolute confidence.

NOTE: Please attach C.V.'s for each person involved in the inquiry

APPLICANT'S NAME(S): _____

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FRANCHISE APPLICATION
CONFIDENTIAL
Wash n shop Pty Ltd

PERSONAL DETAILS

Surname: _____ Date of Birth: ___/___/___

First Names: _____ Home telephone _____

Address: _____

_____ Post Code _____

How long have you lived at this address? _____

Do you own the property you live in? _____

Previous Address: _____ Post Code _____

Marital Status: _____ Name of Spouse/Partner: _____

Number of Children: _____ Ages: _____ Number of other dependents? _____

Spouse/Partner Occupation: _____

SKILLS QUALIFICATIONS AND INTERESTS

Please describe any skills, qualifications or interests you have which may be relevant.

Highest School Level Attained: _____

Trade/Academic/Tertiary Qualifications: _____

EMPLOYMENT EXPERIENCE

Name of Current Employer: _____

Occupation/Position: _____

Current Salary & Benefits \$ _____

Address: _____ Post Code _____



EMPLOYMENT EXPERIENCE - Continued

Please list your work experience for the last eight (8) years

Date	Company name	Occupation/position	Salary & benefits

1. How do you see the role of a Wash n shop Franchisee?

2. How will your past experience help you to succeed as a Wash n shop Franchisee?

1. What are the personal strengths and qualities that you would bring to the Wash n shop Franchise network?

REFEREES (not relatives)

Name	Address	Phone



MEDICAL INFORMATION

What is the general state of your health?

Please describe any physical disabilities or limitations

RELATIONSHIPS

Do you anticipate your spouse/partner being involved in the business?

Yes / No (please circle). If yes, to what extent _____

To the best of your knowledge are you related to any Director or employee of Wash n shop or any of its associated companies, or advisers? _____

If yes, please name them _____ Position _____

FINANCIAL REFEREES (NOT RELATIVES)

Name	Address	Phone

PERSONAL FINANCIAL STATEMENT

LIABILITIES

MORTGAGES \$ _____

HIRE PURCHASE \$ _____

LEASE AGREEMENTS \$ _____

CREDIT CARDS

Bankcard \$ _____

Mastercard \$ _____

Visa \$ _____

Other \$ _____

CREDIT CARD TOTAL \$ _____

BANK LOANS \$ _____

TAXATION \$ _____

RATES \$ _____

LAND TAX \$ _____

OTHER LIABILITIES \$ _____

(detail other liabilities) \$ _____

\$ _____

\$ _____

TOTAL LIABILITIES \$ _____

ASSETS (you may be asked to furnish proof)

HOME \$ _____

BANK DEPOSITS \$ _____

CASH \$ _____

SHARES \$ _____

REAL ESTATE \$ _____

LIFE INSURANCES \$ _____

SUPERANNUATION \$ _____

MOTOR VEHICLES \$ _____

DEBTORS \$ _____

PERSONAL EFFECTS \$ _____

OTHER INCOME \$ _____

(detail other income) \$ _____

\$ _____

\$ _____

\$ _____

TOTAL ASSETS \$ _____

WEEKLY COMMITMENTS

MORTGAGE REPAYMENT \$ _____

FURNITURE HP \$ _____

TOTAL WEEKLY OUTGOINGS \$ _____

MOTOR VEHICLES \$ _____

LIVING EXPENSES \$ _____



OTHER DETAILS

Are you a declared or undeclared bankrupt? _____

Is any legal action current or pending against you or any company associated with you?

Is your application on behalf of a Company? _____

Company Name: _____

ACN: _____ ABN: _____

Secretary: _____ Directors: _____

Shareholders: _____

Is it a Trust Company? _____ Name/type of Trust: _____

Beneficiaries: _____

The net monthly income needed to maintain your standard of living \$ _____

Your Bank: _____ Branch: _____

When did you decide to get into a business of your own?

Do you plan to have a financial partner?

If yes, will he/she be active?

It is understood that the purpose of this application is for information only. It is in no way binding upon either Wash n shop or the applicant. The undersigned certifies that the information provided is true and correct, and acknowledges that it will be relied upon by Wash n shop in assessing the candidate's suitability as a Franchisee.

Applicant's Signature: _____

Date: _____ / _____ / _____



THIS SECTION TO BE COMPLETED BY WASH N SHOP

General Comments:

Personal References: (1).....
(2).....
(3).....

Credit References: (1).....
(2).....
(3).....

Recommendations: _____

APPROVAL SIGN-OFFS

Recommendation Signature: _____ Date: ____ / ____ / ____

Position: _____

Recommendation Approved: _____ Date: ____ / ____ / ____

Position: _____