



# FRANCHISE APPLICATION

Please note the following important considerations:

## PERSONAL PARTICULARS

Surname:				First Names:			
Date of Birth:		Age:		ID Number:			
Nationality:		Language Preference:					
Residential address:				<b>Contact Numbers:</b>			
				<b>Telephone:</b>			
		Code:		Home:			
Postal address:				Work:			
				Cellular:			
		Code:		Fax:			
				<b>E-Mail:</b>			
If Married, are you married IN/OUT of community of property?						In [ ] Out [ ]	
When would you be available to start training:							
Will the shop be managed by yourself?		Yes [ ] No [ ]		<i>If not, please complete Annexure "C".</i>			
<b>If you are part of a syndicate, please submit your partner's details:</b> * A personal application must be submitted by each prospective franchisee or by each individual partner/member/shareholder or prospective franchisee, together with application form							
Surname:				First Name:			
Date of Birth:		Age:		ID Number:			
Nationality:		Language Preference:					
Residential address:				<b>Contact Numbers:</b>			
				<b>Telephone:</b>			
		Code:		Home:			
Postal address:				Work:			
				Cellular:			
		Code:		Fax:			
				<b>E-Mail:</b>			
<b>Should your application be successful do you intend in operating the business in your:</b>							
Personal capacity [ ] Close Corporation [ ] Company [ ] Trust [ ]							
Name of [CC] [PTY] [TRUST]: _____							
Registration number: _____							
VAT number: _____							
Please indicate shareholding should there be 2 or more members:							
Member 1:		Member 2:		Member 3:		Member 4:	

**Outlet / Area of Preference:**

<b>1</b>	<b>Gauteng</b>
	-Jhb:
	-Pretoria:
	-Other:
<b>2</b>	<b>Western Cape:</b>
	-Cape Town & Surroundings:
	-West Coast:
	-Garden Route:
	-Other:
<b>3</b>	<b>Natal:</b>
	-Durban :
	-Pietermaritzburg:
	-South Coast:
	-North Coast:
	-Other:
<b>4</b>	<b>Mpumalanga:</b>
	-Specify:
<b>5</b>	<b>Northern Province:</b>
	-Specify:
<b>6</b>	<b>North West:</b>
	-Specify:
<b>7</b>	<b>Eastern Cape</b>
	-Specify:
<b>8</b>	<b>Free State</b>
	-Specify:
<b>9</b>	<b>Northern Cape</b>
	-Specify:

**PERSONAL PROFILE**

**Please write a brief personal profile indicating management philosophies, business and personal goals:**

<b>1. Management Philosophies:</b>
<b>2. Business Goals:</b>

<b>3. Personal Goals:</b>

<b>4. Personal achievements:</b>

<b>5. Why do you want to purchase this franchise?</b>

<b>6. Why do you think you will succeed?</b>

<b>7. Please give a brief motivation for this Franchise Application:</b>

<b>EDUCATIONAL QUALIFICATIONS</b>
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School:			
Grade/Standard Passed:		Year:	
University Exemption:	Yes [ ] No [ ]		

<b>PAST SCHOOL QUALIFICATIONS/ACTIONS</b>
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Establishment:		Date:	
Qualifications:			
Major subjects:			

## EMPLOYMENT HISTORY

### (Details of employment - history of last 5 years):

Current Company:				
Position:				
Employment –	From:		To:	
Responsibilities:				
Reason for leaving: (If not currently employed there)				
Company:				
Position:				
Employment	From:		To:	
Responsibilities:				
Reason for leaving: (If not currently employed there)				
Company:				
Position:				
Employment –	From:		To:	
Responsibilities:				
Reason for leaving: (If not currently employed there)				

## 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: <input style="width: 80%;" type="text"/>			
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:		<input style="width: 80%;" type="text"/>	
Telephone Number:		Address:	<input style="width: 80%;" type="text"/>

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

<p>A certified copy of:</p> <p>CK1</p> <p>or</p> <p>Certificate of Incorporation</p> <p>Certified copies of Identity documents of all the members, shareholders or partners concerned with the Franchise</p> <p>Copies of Registration certificates and numbers of your company with the following authorities:</p> <p>Receiver of Revenue – VAT</p> <p>Receiver of Revenue – PAYE</p> <p>Receiver of Revenue – Company Tax</p> <p>Department of Manpower – UIF</p> <p>Workmen's Compensation</p> <p>Confirmation by all bankers (including bonds/loans) of bank balance/outstanding balance</p> <p>Copies of property deeds</p> <p>Bank Statements</p>
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## FINANCIAL

### 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:			
Position:			
Address:			
	Code:		
Telephone Number:		Code:	
Expected net profit per month:			
Unencumbered amount of capital available for investment:			
Source of capital:			

## STATEMENT OF ASSETS AND LIABILITIES

INCOME AND EXPENDITURE	LISTING OF	AT
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**Monthly Income:**

Salary – self	
Salary – spouse	
Commissions	
Investments	
Other	
<b>TOTAL INCOME</b>	R

R
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**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 / Gardener	
TV rental / M Net	
<b>TOTAL EXPENDITURE</b>	R

R
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**Surplus Available**

R
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**STATEMENT OF ASSETS AND LIABILITIES**

	Balance Sheet of:	
<b>LIABILITIES</b>	<i>Note – Income and Expenditure to be detailed on back page. Should space not permit, please attach applicable schedules</i>	
<b>Previous Year</b>	<p><b>Bonds</b> And/or amounts owing under Deeds of Sale</p> <p>Name of Farm or Plot No    Name of Bondholder/Seller    Annual Capital reductions    Maturity Date</p> <p><b>Bank Overdrafts</b> Specify briefly Security given</p> <p><b>Owing under Installment sale transaction and Leasing transaction agreements</b> Moveable encumbered                      To Whom                      Installments Payable                      Amounts still owing</p> <p><b>Bills Payable</b></p> <hr/> <p><b>Sundry Creditors</b></p> <hr/> <p><b>Loans (Including Insurance Companies)</b> To whom due                                      Interest Rate                      When repayable                      Amount</p> <p><b>Other liabilities (Specify)</b></p> <p><i>Note: State if any of the above liabilities are covered by a Notarial Bond</i></p> <p><b>Liability for Income Tax</b> (Date to which Assessment paid)</p>	<b>Current Year</b>
	TOTAL LIABILITIES (Quantifiable)	
<b>Specify here Contingent Liabilities as Guarantor, Surety or otherwise:</b>		

**I/We hereby declare that this is a full, true and correct Statement of all known liabilities at the above date**

**Dated at \_\_\_\_\_ on \_\_\_\_\_ 2008**

**Signature: .....**



<b>PLEASE NOTE:</b>
<b>APPLICATION FORMALITIES AND PROCEDURES</b>

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|---|
| 1. That all information will be regarded as confidential and private.   |
| 2. This application will not obligate Inkosi Auto Parts in any manner.  |
| 3. The Applicant acknowledges that the approval by Inkosi Motor 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 Inkosi Motor Holdings (Pty) Ltd unless and until:      |
| 3.1 At least 14 (FOURTEEN) days have elapsed since the Applicant has had sight of the DISCLOSURE DOCUMENT;  |
| 3.2 All requirements stipulated by Inkosi Auto Parts 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 Inkosi Motor Holdings (Pty) Ltd;   |
| (b) The execution of all further documents in terms whereof all securities required by Inkosi Motor Holdings (Pty) Ltd have been provided to the latter, and all securities have been duly register and/or procured by Inkosi Motor Holdings (Pty) Ltd; and   |
| (c) All further requirements that may be required by Inkosi Motor Holdings (Pty) Ltd have been duly met by the Applicant.   |
| 4. In the event of this application being refused by Inkosi Motor Holdings (Pty) Ltd, the application fee shall be forfeited in favour of Inkosi Motor Holdings (Pty) Ltd, where Inkosi Motor 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 Inkosi Motor Holdings (Pty) Ltd simultaneously with lodgment of this Application. |

<b>I understand that Inkosi Motor 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 Inkosi Auto Parts of any material information changes.</b>
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<b>Signed at:</b>	on this _____ day of _____ 2008				
<b>Signature:</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

**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 Inkosi Motor Holdings to become a Member / Franchisee of the Franchise Division, to complete and sign the required Application form, to present Inkosi Auto Parts 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 Inkosi Motor 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 enquiries 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 and/or to criminal prosecution.

**SIGNED at** \_\_\_\_\_ **on this** \_\_\_\_\_ **day of** \_\_\_\_\_ **2008**

**APPLICANT SIGNATURE:**

1. \_\_\_\_\_

**WITNESS:**

2. \_\_\_\_\_