



FRANCHISE APPLICATION

CARDIES _____

EACH MEMBER / PARTNER MUST COMPLETE THE SURETY APPLICATION FORM

CLOSE CORPORATION / _____		
TRUST / PARTNERSHIP _____		
REGISTRATION NUMBER _____		
(attach registration forms)		
PHYSICAL ADDRESS: _____	POSTAL: _____	
_____	_____	
_____	_____	
POSTAL CODE: _____	_____	
TEL. NO.: () _____	FAX NC() _____	
TRADE REFERENCES		
NAME: 1 _____	2 _____	3 _____
TEL NO. _____	_____	_____
LIST OF MEMBERS / PARTNERS		
1	_____	
2	_____	
3	_____	
4	_____	
5	_____	

EACH MEMBER / PARTNER MUST COMPLETE THE SURETY APPLICATION FORM

1. DETAILS OF OTHER BUSINESSES OWNED

NAME OF BUSINESS:	1 _____	2 _____	3 _____
PHYSICAL ADDRESS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
DATE ACQUIRED:	_____	_____	_____

2. DETAILS OF PROPERTIES OWNED

NAME OF STAND:	1 _____	2 _____	3 _____
OR STAND NO.:	_____	_____	_____
ADDRESS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
DATE PURCHASED:	_____	_____	_____
BOND HOLDER:	_____	_____	_____
ACCOUNT NO.:	_____	_____	_____
PRICE PAID:	_____	_____	_____
AMOUNT OWING:	_____	_____	_____
ESTIMATED VALUE:	_____	_____	_____

3. DETAILS OF FUNDING

THE PURCHASE OF THE STORE WILL BE FUNDED AS FOLLOWS: _____

(Attach proof of finance from your Financial Institution)

INSTITUTION: _____

BRANCH: _____

PRINT NAME (MEMBER / PARTNER)

SIGNATURE

DATE

PRINT NAME (MEMBER / PARTNER)

SIGNATURE

DATE

PRINT NAME (MEMBER / PARTNER)

SIGNATURE

DATE

PRINT NAME (MEMBER / PARTNER)

SIGNATURE

DATE

4. DOCUMENTATION TO BE INCLUDED

- 4.1 Copies of ID's - All Members / Partners (& Spouse if applicable)
- 4.2 Copies of ANC contract if applicable
- 4.3 Copy of CC / Partnership / (PTY) Limited, Registration Document
- 4.4 Proof of Finance from your financial institution, proving sufficient funds available for the total purchase price (Store & Stock)
- 4.5 Summary of previous retail experience - if any
- 4.6 Brief summary on how and who will operate the store
- 4.7 Any additional expenses that will be paid out of the store cashflow
- 4.8 Motivate / reason for interest in the Cardies Franchise

5 FINANCIAL INFORMATION

PERSONAL INCOME & EXPENDITURE SCHEDULE

INCOME		MONTHLY R
SALARY		
BONUS, COMMISSIONS		
DIVIDENDS, INTEREST		
RENTALS RECEIVABLE		
BUSINESS PROFITS		
OTHER, DESCRIBE:		
TOTAL INCOME		

EXPENDITURE		
BOND REPAYMENTS		
LOAN REPAYMENTS		
HIRE PURCHASE INSTALMENTS		
RENTALS PAYABLE		
PERSONAL LIVING EXPENSES		
OTHER, DESCRIBE:		
TOTAL EXPENDITURE		
SURPLUS MONTHLY INCOME		

6 BUSINESS ASSOCIATES

ATTORNEY	NAME IN FULL		TEL No.	
ACCOUNTANT	NAME IN FULL		TEL No.	

7 GENERAL INFORMATION

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY OFFICER OF CARDIES HOLDINGS GROUP?

IF YES, PLEASE FURNISH DETAILS:

NAME	RELATIONSHIP

1	WHY DO YOU WANT TO WORK IN THE CARDIES INDUSTRY?

2	WHAT IS YOUR UNDERSTANDING OF THE CONCEPT OF THE FRANCHISING?

3	WHAT DO YOU THINK THE DUTIES OF A FRANCHISOR ARE?

4	WHAT DO YOU THINK ARE THE DUTIES OF A FRANCHISEE ?

5	WHAT SORT OF RETURN (PROFITS) ARE YOU EXPECTING TO MAKE ON YOU INVESTMENT?

6	WHAT AMOUNT OF HOURS DO YOU EXPECT TO SPEND IN YOUR SHOP PER DAY?

7	WILL YOUR FRANCHISE BE YOUR ONLY BUSINESS? IF NOT, WHAT OTHER BUSINESS WOULD YOU BE INVOLVED IN?

8	WILL YOUR FRANCHISE BE OWNER RUN? IF NOT, WHO WILL MANAGE YOUR BUSINESS AND WHAT PERCENTAGE OF THE BUSINESS WILL THEY OWN?

9	IN WHICH GEOGRAPHICAL AREA(S) ARE YOU INTERESTED?

10	HAVE YOU EVER WORKED IN ANY CARDIES FRANCHISE? IF YES, WHERE AND WHEN:

DECLARATION

I / WE SUBMIT THAT THE FOREGOING INFORMATION REFLECTS MY / OUR COMPLETE AND TRUE PERSONAL, BUSINESS AND FINANCE POSITION AS AT THE DATE SHOW BELOW. S A GREETINGS (PTY) LTD IS AUTHORISED TO CONTACT ANY APPROPRIATE THIRD PARTY OR CREDIT AGENCIES TO VERIFY THE INFORMATION SUBMITTED HEREIN AND TO RETAIN SUCH INFORMATION FOR ITS RECORDS.

IF REQUESTED BY S A GREETINGS (PTY) LTD , I / WE AGREE TO SUPPLY STATEMENTS FROM MY / OUR ADVISORS (i.e. BANKER, ACCOUNTANT OR ATTORNEY) VERIFYING THE ABOVE DECLARATIONS. I / WE UNDERSTAND THAT S A GREETINGS IS RELYING UPON ALL THE ABOVE INFORMATION AS A MATERIAL FACTOR IN CONSIDERING MY / OUR APPLICATION TO BECOME A FRANCHISEE.

SIGNATURE OF MEMBER / PARTNER / DIRECTOR		DATE	
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SIGNATURE OF MEMBER / PARTNER / DIRECTOR		DATE	
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