



FRANCHISE APPLICATION

Preferred area _____

Please fax back to Cardies Home Office

Attention Inez Dos Santos (011) 661-1170

1 PERSONAL DETAIL

SURNAME:	_____	
FULL NAMES:	_____	
IDENTITY NO.:	_____	NATIONALITY: _____
DATE OF BIRTH:	_____	
MARITAL STATUS:	_____	SPOUSE'S NAME: _____
		IDENTITY NO.: _____
RESIDENTIAL ADDRESS	_____	POSTAL: _____
	_____	_____
	_____	_____
POSTAL CODE:	_____	_____
CELL NO.:	() _____	FAX NO.: () _____
HOME NO.:	() _____	WORK NO.: () _____
MAY WE CONTACT YOU AT YOUR BUSINESS NUMBER?	_____	_____

2 EDUCATIONAL QUALIFICATION

HIGHEST EDUCATIONAL QUALIFICATIONS ATTAINED:	_____
DESCRIBE ANY RELEVANT BUSINESS - ORIENTATED DIPLOMAS OR DEGREES ATTAINED:	_____

3 EMPLOYMENT HISTORY

NAME OF EMPLOYER	1 _____	2 _____
TELEPHONE NO.:	_____	_____
POSITION HELD	_____	_____
PERIOD (FROM - TO)	_____	_____
NAME OF SUPERIOR	_____	_____
GROSS ANNUAL INCOME	_____	_____

4 WORK OR PERSONAL REFERENCES

NAME	1 _____	2 _____
TELEPHONE NO.	_____	_____
RELATIONSHIP	_____	_____

5 DETAILS OF OTHER BUSINESSES OWNED

NAME OF BUSINESSES	1 _____	2 _____	3 _____
PHYSICAL ADDRESS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
DATE ACQUIRED	_____	_____	_____

HAVE YOU EVER BEEN SELF EMPLOYED? IF YES, EXPLAIN?	_____
HAVE YOU EVER HAD A BUSINESS FAILURE? IF YES, EXPLAIN?	_____

6 DETAILS OF PROPERTIES OWNED

NAME OF STAND			
OR STAND NO.	_____	_____	_____
PHYSICAL ADDRESS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
DATE PURCHASED	_____	_____	_____
BOND HOLDER	_____	_____	_____
ACCOUNT NO.	_____	_____	_____
PRICE PAID	_____	_____	_____
AMOUNT OWING	_____	_____	_____
ESTIMATED VALUE	_____	_____	_____

7 DETAILS OF FUNDING

THE PURCHASE OF THE STORE WILL BE FUNDED AS FOLLOWS: _____	
(Attach proof of finance from your Financial Institution)	
INSTITUTION: _____	BRANCH: _____

8 MARRIED IN COMMUNITY OF PROPERTY

SPOUSE TO SUPPLY CONSENT TO ENTER INTO CONTRACT BY COMPLETING THE FOLLOWING:

I, _____ DO HEREBY CONSENT TO _____
ENTERING INTO A CONTRACT WITH CARDIES HOME OFFICE, AND FURTHER WARRANT THAT ALL CONTRACTS
ENTERED INTO DURING THE NORMAL COURSE OF BUSINESS WILL BE COVERED BY MY CONSENT.

PRINT NAME - SPOUSE

SIGNATURE

DATE

ID NUMBER

9 MARRIED BY A N C

A N C NO.: _____

DATE

Attach copy of ANC contract

PRINT NAME - FRANCHISEE

SIGNATURE

DATE

PRINT NAME - FRANCHISEE

SIGNATURE

DATE

10 DOCUMENTATION TO BE INCLUDED

- 10.1 Copies of ID's - Franchisee and Spouse if applicable
- 10.2 Copies of ANC contract if applicable
- 10.3 Proof of Finance from your financial institution, proving sufficient funds available for the total purchase price -
(Store and Stock)
- 10.4 Summary of previous retail experience - if any
- 10.5 Brief summary on how and who will operate the store
- 10.6 Any additional expenses that will be paid out of the store cashflow
- 10.7 Motivate / reason for interest in the Cardies Franchise

11 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		
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12 BUSINESS ASSOCIATES

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

13 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 SUBMIT THAT THE FOREGOING INFORMATION REFLECTS MY COMPLETE AND TRUE PERSONAL 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 IT'S RECORDS.

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

SIGNATURE OF APPLICANT	8	DATE	
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SIGNATURE OF SPOUSE

DATE