

APPLICATION FORM

PROSPECTIVE FRANCHISEE



SECTION A**PERSONAL DETAILS****Note:**

1. This section is to be completed by the individual who will be responsible for the day-to-day management of the franchised store.
2. Please attach a copy of your I.D. document.
3. Nyama and Chips' policy dictates that the Managing Owner must hold a minimum of 30% shares in the trading entity

Surname															
First names															
Place of birth							Nationality								
Date of birth								ID Number							
Residential address															
												Code			
Postal address															
												Code			
Telephone (Business)							Telephone (Home)								
Cell							e-mail address								
Permanent SA Citizen				Yes		No		Fax no							
At present address			Years				Months		Residential property is		Owned		Rented		

Employment history

Employer	From	To	Type of work	Last position held	Annual income
1.					
2.					
3.					

Education

Highest standard passed.		Year	
Do you have a degree or diploma		If YES, specify	
Formal apprenticeships		If YES, specify	
Do you have any formal business skills?		If YES, specify	

Medical information

Being the owner of Nyama and Chips' Franchise involves manual and mental pressures. Please provide the following information to assist us in ensuring that you are capable of meeting such requirements.

What is your general state of health?	Excellent	Very Good	Good	Poor
Is there any additional information regarding your general state of health that may impact on your ability to be a Nyama and Chips Franchisee?				
If YES, please give details.				

Details of next of kin

Name and residential address of next of kin (not of the same address) Relationship:				
Name				
Address				
			Code	
Telephone				

Details of available funds to invest

Bank	Type of Account	Balance

Credit record

Have you ever had any judgements against you (are you blacklisted)?	Yes	No	If YES, specify details
Have you ever been sequestrated?	Yes	No	If YES, specify details
		Date	
Have you ever been found guilty of a criminal offence?	Yes	No	If YES, specify details

References

Note:

By your signature to this form, you are authorizing Nyama and Chips to perform whatever credit checks they may consider necessary in their assessment of the application.

Bankers	
Branch	
Telephone No.	()
Contact Person/Manager	
Account No.	

Other references:		
1.	Name	
	Telephone No	()
	Relationship	
2.	Name	
	Telephone No	()
	Relationship	

Date

Name

Signed by:

Managing owner/Operating partner