



FRANCHISE APPLICATION

Strictly Private & Confidential

PROSPECTIVE FRANCHISEE DETAILS

Surname/Name	
Date	
Email Address	
Telephone	

PLEASE FORWARD YOUR APPLICATION TO MARCEL'S FROZEN YOGHURT

Post: Marcel's Frozen Yoghurt PO Box 776 <u>STELLENBOSCH</u> 7599
E-mail – franchising@marcels.co.za

PLEASE LIST 4 AREAS WHERE YOU WOULD LIKE TO OPEN A MARCEL'S FROZEN YOGHURT FRANCHISE

1.	2.
3.	4.

This form is intended to serve as an initial application for the Marcel's Frozen Yoghurt franchise. This application does not obligate either party in any manner.

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HOW DID YOU GET TO KNOW ABOUT MARCEL'S FROZEN YOGHURT AND PROVIDE A BRIEF MOTIVATION AS TO WHY YOU HAVE DECIDED TO CHOOSE MARCEL'S FROZEN YOGHURT?

PROVIDE DETAILS OF THE FRANCHISEE/S.

1. Full Name & Surname			
Residential Address			
Telephone Numbers	Business	Home	Cell
Email Address			

2 Full Name & Surname			
Residential Address			
Telephone Numbers	Business	Home	Cell
Email Address			

PROVIDE DETAILS OF PARTNERS / MEMBERS / SHAREHOLDER IF YOU ARE NOT A SOLE PROPRIETOR BUT A PARTNERSHIP / CLOSE CORPORATION OR COMPANY.

Name	Address	Telephone Number
1		
2		
3		
4		

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PROVIDE DETAILS OF THE FRANCHISEE'S FOLLOWING PROFESSIONAL SERVICES.

Description	Name	Address	Telephone No.
1. Bookkeeper			
2. Accountant			
3. Auditor			
4. Bankers			

BANKS OR FINANCE COMPANIES WHERE CREDIT CAN BE OBTAINED OR VERIFIED

1. Bank / Finance Company	
Contact Person	
Telephone Number	
Maximum Credit Available	

2. Bank / Finance Company	
Contact Person	
Telephone Number	
Maximum Credit Available	

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
Have you ever been self-employed?		
Have you ever been insolvent?		
Is it your intention to devote yourself full-time to running the Marcel's Frozen Yoghurt franchise?		
Do you undertake to pay the Franchise Joining Fee?		
Do you undertake to pay the Monthly Management Services Fee?		
Do you undertake to pay the Monthly Marketing Contribution Fee?		
Do you undertake to apply for Finance and pay the monies for the development of the site as required?		

PERSONAL PROFILE

Surname	
Name	
ID Number	
Marital Status	
Number Of Dependants	
Nationality	
Residential Address	
Previous Address	If less than 2 years at above address
Postal Address	
Telephone Numbers	Business Home Cell
Email Address	

EDUCATION

Level	Name Of Institution	Year	Qualification Obtained
Secondary			
Technical			
University			
Other			

DESCRIBE ANY TRAINING AND/OR EXPERIENCE YOU HAVE IN THE FROZEN YOGHURT / FAST FOOD INDUSTRY.

BUSINESS EXPERIENCE
Starting from the most recent first

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1. Name Of Business	
Period Of Employment	
Position	
Responsibilities:	

2. Name Of Business	
Period Of Employment	
Position	
Responsibilities:	

3. Name Of Business	
Period Of Employment	
Position	
Responsibilities:	

STATEMENT OF ASSETS & LIABILITIES

LIABILITIES: Balance Sheet of _____ DATE

Previous Year	BONDS and/or amounts owing under Deeds of Sale	Current Year				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Farm or Plot No</td> <td style="width: 20%;">Name of Bondholder/Seller</td> <td style="width: 20%;">Annual capital reductions</td> <td style="width: 30%;">Maturity Date</td> </tr> </table>	Name of Farm or Plot No	Name of Bondholder/Seller	Annual capital reductions	Maturity Date	
Name of Farm or Plot No	Name of Bondholder/Seller	Annual capital reductions	Maturity Date			
	BANK OVERDRAFTS (specify briefly Security given)					
	OWING UNDER INSTALMENT SALE / LEASE AGREEMENTS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Moveable Encumbered</td> <td style="width: 20%;">To Whom</td> <td style="width: 20%;">Instalments</td> <td style="width: 30%;">Amount Owing</td> </tr> </table>	Moveable Encumbered	To Whom	Instalments	Amount Owing	
Moveable Encumbered	To Whom	Instalments	Amount Owing			
	BILLS PAYABLE _____					
	SUNDRY CREDITORS _____					
	LOANS (including Insurance companies) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">To whom due</td> <td style="width: 20%;">Interest Rate</td> <td style="width: 20%;">When repayable</td> <td style="width: 30%;">Amount</td> </tr> </table>	To whom due	Interest Rate	When repayable	Amount	
To whom due	Interest Rate	When repayable	Amount			
	OTHER LIABILITIES (specify)					
	NOTE: State if any of the above liabilities are covered by a Notarial Bond					
	LIABILITY FOR INCOME TAX (date to which Assessment paid)					
R	TOTAL LIABILITIES (quantifiable)	R				
Specify here Contingent Liabilities as Guarantor, Surety or Otherwise						

I hereby declare that the above is a complete and true Statement of all known Liabilities.

Dated at _____ on _____
20____

NAME _____

SIGNATURE

STATEMENT OF INCOME & EXPENDITURE

INCOME AND EXPENDITURE

LISTING OF _____ AT

MONTHLY INCOME

Salary – self		
Salary – spouse		
Commissions		
Investment		
Other		
TOTAL INCOME	R	R

MONTHLY EXPENDITURE

Taxation		
Pension		
UIF		
Medical Aid		
Rent/Bond payments		
Electricity & Water		
Rates & Taxes		
Hire Purchase instalments		
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 Account		
Doctor / Chemist		
Maid / Gardener		
Security System		
TV rental / M Net		
TOTAL EXPENDITURE	R	R
Surplus Available		R

The submission of this application does not obligate either the Applicant or the Franchisor in any manner, nor does it imply that there is any legal or commercial relationship between

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either parties. It is merely a preliminary procedure and upon acceptance a comprehensive Franchise agreement would be entered into between Marcel's Frozen Yoghurt and the Franchisee.

The Applicant hereby consents and agrees that the Franchisor may perform a credit search on the Applicant's record with a registered credit bureau when assessing the Applicant's application form.

I hereby acknowledge that the information supplied by me in this Franchise Application is true and correct.

APPLICANT SIGNATURE

NAME (please print)

DATE

WITNESS SIGNATURE

NAME (please print)

DATE

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

1. Certified copies of Identity documents of all the members, shareholders or partners concerned with the Franchise
2. Confirmation by banker / s (including bonds/loans) of bank balance/outstanding balance
3. Bank Statements of recent three (3) months
4. Share / investment valuation certificates not older than 3 months