

Franchise Application Form



The Athlete's Foot Australia pty, ltd
ABN 57 001 777 582
www.theathletesfoot.com.au
www.theathletesfoot.co.nz

confidential



This application does not obligate either party.				(PLEASE PRINT ALL INFORMATION REQUIRED)			
Personal Data							
Full name: (Surname - First name - Middle name)						Age:	D.O.B. / /
Present address:				Previous address:			
		State:	Postcode:			State:	Postcode:
Years at this address:				Years at this address:			
Home phone: ()			Business phone: ()		May we contact you there? Yes <input type="checkbox"/> No <input type="checkbox"/>		Mobile phone:
Fax number: ()			Email address:				
Marital status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Defacto <input type="checkbox"/>			Full name of partner:			Number of children:	Ages of children:
Citizenship: Australian <input type="checkbox"/> Other <input type="checkbox"/> Country:			Height:	Weight:	State of health: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		
Do you have any health related circumstances that would effect your ability to operate a business? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, please provide details:			
Have you ever been convicted of anything other than minor traffic offences? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, please provide details:			
Have you ever been or are you presently a defendant in any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, please provide details:			
Proposed business entity (tick one): Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> New company <input type="checkbox"/> Existing company <input type="checkbox"/> ABN:							
Describe hobbies, community activities, special or sporting interests, etc							
Current Occupation							
Name and address of current employer:						Telephone no: ()	
Job title and brief duties:					Years employed:	Annual gross salary: \$	
Business Experience Provide details of last 3 employers, include any periods of unemployment							
Month and year		Name and address of employer		Position or occupation		Reason for leaving	
From	To						

Education

Highest level of formal education: High School ☐
 Diploma ☐ Bachelor ☐ Masters ☐
 Other ☐ Please give details:

Name of institution:

Qualification:

Provide details of any sales, retailing, business or management training:

Other Information

Will you operate the store yourself? Yes ☐ No ☐

If no, give details of management plan:

If Yes, will this be: F/T ☐ P/T ☐

Will your partner or any other family member be active in the business? Yes ☐ No ☐

If yes, please provide details:

Have you or your partner ever been an Owner/Operator of a franchise or other small business? Yes ☐ No ☐

If yes, please provide details:

Have you or your partner ever had a business failure? Yes ☐ No ☐

If yes, please provide details:

Have you or your partner ever filed for bankruptcy? Yes ☐ No ☐

If yes, please provide details:

Are you or your partner presently a guarantor for any loan or other obligation not disclosed in the attached statement of financial position? Yes ☐ No ☐

If yes, please provide details:

Will anyone other than you or your partner have an investment in this business? Yes ☐ No ☐

If yes, please provide details:

If you invest in a The Athlete's Foot franchise, will you continue to operate any other businesses? Yes ☐ No ☐

If yes, please provide details:

Are you evaluating other franchise businesses? Yes ☐ No ☐

If yes, please provide details:

Have you visited a The Athlete's Foot Store? Yes ☐ No ☐

If yes, when and where?

Locations or areas of interest:	When would you like to start trading?
Why do you want to buy a franchise? What particular features of The Athlete's Foot franchise system are most appealing to you?	
Why do you believe you are suited to operating a The Athlete's Foot franchise?	
What is your understanding of the concept of a franchise?	
Explain what you understand to be the nature of the Franchisor/Franchisee relationship:	
Do you accept that as a The Athlete's Foot franchisee you will be required to operate within the boundaries of the franchise system as determined by the franchisor and in co-operation with the other members of the franchise network?	
What are your main strengths?	
What are your main weaknesses?	
How do you intend to fund the purchase of The Athlete's Foot franchise?	



Statement of Financial Position

Assets

Bank Accounts

1.Name of institution:	\$	
2.Name of institution:	\$	
3.Name of institution:	\$	
4.Name of institution:	\$	
Sub total	\$	(A)

Property

1.Residence (suburb):	\$	
2.Other (suburb):	\$	
3.Other (suburb):	\$	
4.Other (suburb):	\$	
Sub total	\$	(B)

Motor Vehicles

1.Make/model:	\$	
2.Make/model:	\$	
3.Make/model:	\$	
Sub total	\$	(C)

Other Assets

1.Household effects/furniture	\$	
2.Superannuation	\$	
3.Shares in listed entities	\$	
4.Bonds/managed funds	\$	
5.Equity in private businesses	\$	
6.Loans made to 3rd parties	\$	
7.Tax refund receivable	\$	
8.Other (specify):	\$	
9.Other (specify):	\$	
10.Other (specify):	\$	
11.Other (specify):	\$	
12.Other (specify):	\$	
Sub total	\$	(D)

Total Assets (A + B + C +D)	\$	(E)
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Net Assets (E - K)	\$	
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Liabilities

Overdrafts & Loans

1.Institution/limit:	\$	
2.Institution/limit:	\$	
3.Institution/limit:	\$	
4.Institution/limit:	\$	
Sub total		(F)

Mortgages

1.Residence (institution):	\$	
2.Other (institution):	\$	
3.Other (institution):	\$	
4.Other (institution):	\$	
Sub total	\$	(G)

Car Loans / Leases

1.Institution/loan type:	\$	
2.Institution/loan type:	\$	
3.Institution/loan type:	\$	
Sub total	\$	(H)

Credit Cards

1.Institution/limit:	\$	
2.Institution/limit:	\$	
3.Institution/limit:	\$	
4.Institution/limit:	\$	
Sub total	\$	(I)

Other Liabilities

1.Taxation owing	\$	
2.Other (specify):	\$	
3.Other (specify):	\$	
4.Other (specify):	\$	
5.Other (specify):	\$	
Sub total	\$	(J)

Total Liabilities (F + G + H +I + J)	\$	(K)
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Statement of Income and Expenditure

Net Income (After Tax)

Income Earner 1	Per Month
1.Base	\$
2.Regular overtime	\$
3.Part-time/casual employment	\$
4.Commission	\$
5.Other (specify):	\$
Sub total	\$ (A)

Income Earner 2	Per Month
1.Base	\$
2.Regular overtime	\$
3.Part-time/casual employment	\$
4.Commission	\$
5 Other (specify):	\$
Sub total	\$ (B)

Other Income	Per Month
1.Dividends/interest	\$
2.Rent received	\$
3.Other (specify):	\$
4.Other (specify):	\$
5.Other (specify):	\$
Sub total	\$ (C)

Total Net Income: (A + B + C)	\$ (D)
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Net Income (D - E)	\$
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Expenditure

Credit & Other Commitments	Per Month
1.Residential mortgage/rent	\$
2.Investment mortgage	\$
3.Car loan repayments	\$
4.Other loan repayments	\$
5.Credit card repayments	\$
6.Utilities (gas, water, rates, etc)	\$
7.Telephone/internet	\$
8.Insurance - home & contents	\$
9.Insurance - life, health etc	\$
10.Motor vehicle (petrol, maintenance, registration, insurance, etc)	\$
11.Education	\$
12.Living expenses (food, entertainment, etc)	\$
13.Other (specify):	\$
14.Other (specify):	\$
15.Other (specify):	\$

Total Expenditure (E)	\$ (E)
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Personal References - minimum 3 (other than relatives)

Name and address	Phone no.	Relationship	Occupation	No. of yrs known

Credit References

Type of loan	Institution name and contact	Phone no.	Account no.
Personal/ Business			
Mortgage			
Lease			
Credit Card			
Other (specify)			

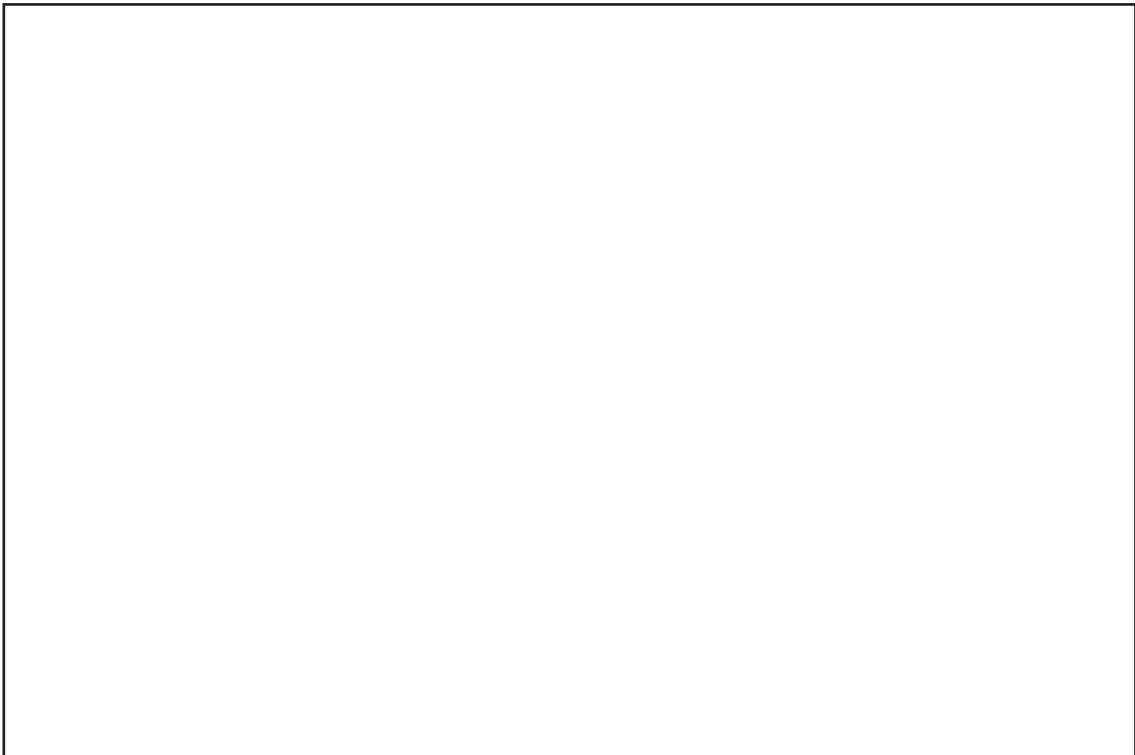
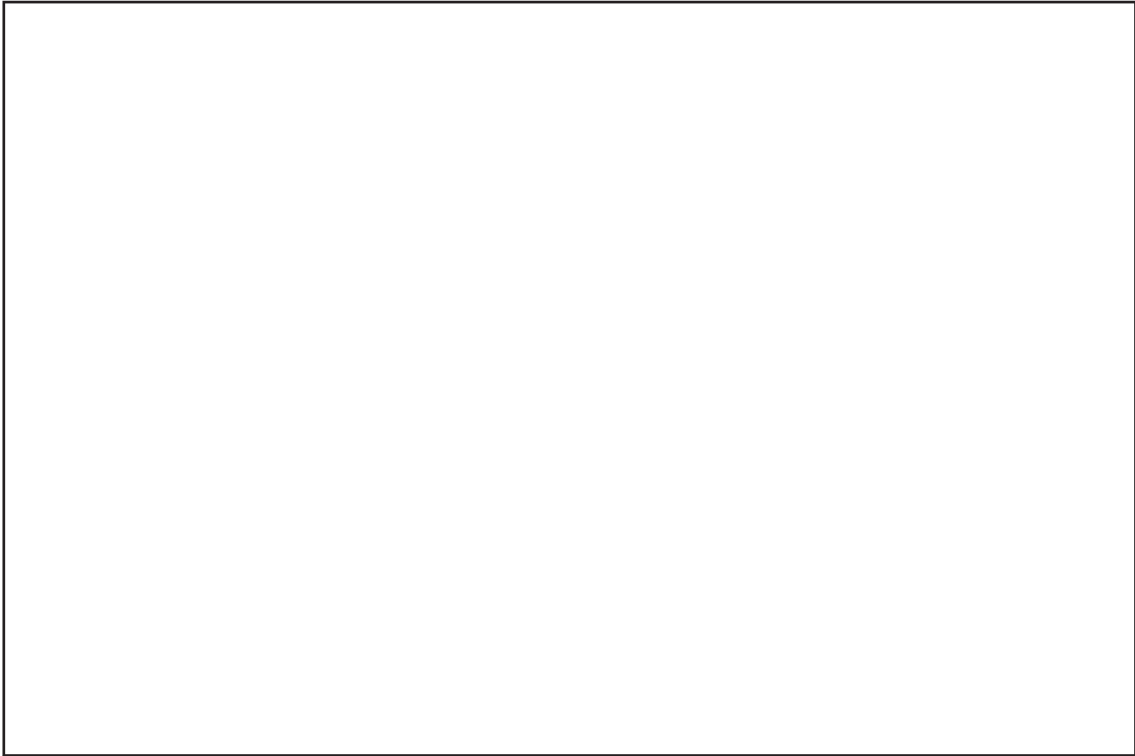
Additional Information or Comments

Provide below any additional information or comments that may be helpful in evaluating this application:



Applicants Photograph

Please attach a photograph of the applicants in the space provided below



Privacy Information

The Athlete's Foot Australia Pty Ltd (TAF) complies with the Privacy Act 2000. A full copy of TAF's Privacy Policy can be obtained on request.

We collect your personal information in order to assess your application to become a TAF franchisee. Any information that you supply us with can be accessed by you on request by contacting TAF's Business Development Department. The information that you supply us with, both directly through this application or indirectly through any discussions that we have with you, may be shared with various relevant staff members within TAF's Support Centre. The purpose of sharing this information is to enable us to properly assess your application and determine your specific training and development requirements.

If your application is successful, we will retain any information that you have supplied us with for the duration of your tenure as a franchisee. If your application is unsuccessful, we will destroy the information within 12 months from the date of notification.

In assessing your application, we may provide personal information supplied by you to various third parties, including credit reference agencies and referees. We may in addition ask those third parties to supply us with personal information about you. Personal information requested by us in this manner will only be directly related to your application and will only be used for the purposes of verifying personal information already supplied by you to us.

Applicant's Declaration and Confidentiality Statement

1. I/we, the applicant(s), hereby declare that to the best of my/our knowledge all of the information supplied to The Athlete's Foot in this application form is accurate and complete.
2. I/we further declare that to the best of my/our knowledge all information that may be reasonably required by The Athlete's Foot for the purpose of assessing my/our application has been disclosed, whether or not that information has been explicitly requested.
3. I/we acknowledge that The Athlete's Foot will use the information collected in this application as a material factor in assessment of my/our suitability as a franchisee. I/we understand that any false or misleading information supplied herein that materially affects such an assessment may constitute grounds for the cancellation of any future franchise agreement that may be entered into with The Athlete's Foot.
4. I/we understand that The Athlete's Foot may share pertinent personal information supplied by me/us in this application with third parties, including credit reference agencies, references and outside advisors for the sole purpose of determining my/our suitability as a franchisee. I/we hereby grant The Athlete's Foot permission to disclose such personal information to such third parties as it may deem necessary.
5. I/we understand that The Athlete's Foot may request third parties to provide it with personal information about me/us in order to verify the information supplied in this application. I/we hereby grant The Athlete's Foot permission to request such information and authorise those third parties to supply such information as is requested, so long as it is lawful to do so.
6. I/we understand that any information supplied to me/us by The Athlete's Foot during the application process and thereafter is confidential and is to be treated as such. I/we agree not to disclose any information provided to me/us by The Athlete's Foot to any person not directly connected with my/our application or subsequent franchise without express written permission from The Athlete's Foot. Such information may be shared with outside advisors including financial and legal advisors so long as they agree to be bound by this confidentiality requirement. I/we agree to explain this requirement to my/our advisors prior to providing them with any confidential information and agree not to pass on any information unless such advisors accept the confidentiality terms.

Applicant 1: Signature_____ Full Name_____ Date_____

Applicant 2: Signature_____ Full Name_____ Date_____



The Athlete's Foot Australia pty, Ltd
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