



FRANCHISE APPLICATION

Confidential

Application's Name & Surname	Date
<hr/>	<hr/>
ID No	

NOTE:

The information submitted on this form will be treated by Health Island as strictly private and confidential.

Please help us by completing all sections carefully and thoroughly. Please print this form and write your response and return by fax to: (021) 439-5466 or email it to info@healthisland.co.za. This form will help you prepare and present personal information that is essential for our consideration in granting a franchise. The completion of this application form places no continuing obligation on either Health Island or you.

Health Island welcomes applications from all sectors of the community regardless of gender, marital status, disability or ethnic origin.

PART A: - GENERAL INFORMATION

Full Name: _____

Home Address:

Postal Code: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Previous Address (If less than 4 years in current address): _____

Nationality: _____ Date of Birth: _____

Marital Status: _____ Spouse's Name: _____

Nature of Franchise interested in: Sole Proprietorship Partnership Limited Corporation Close Corporation Business Trading Name and Registration No (if applicable):

VAT Registration No (if applicable): _____

In which area would you be most interested in running a Health Island Franchise operation?

Northern Cape Eastern Cape Western Cape Free State
North West Gauteng Mpumalanga Kwazulu Natal
 Limpopo

Please specify area or town: _____

Please specify suburb: _____

Please specify specific site(s): _____

How much cash do you have available to invest in a Health Island Franchise?

R _____

Will you require financing for this franchise? Yes No

Have you or your spouse ever declared personal bankruptcy? If yes, please explain:

How and where did you hear about Health Island Franchising opportunities?

Why do you think you are suited to becoming a successful Franchisee?

In which personal areas would you have to improve to become a successful Franchisee?

Will you be running this franchise alone? Yes No

If 'No', please provide name, ID No and relationship with other party?

- Will you devote your full time to the business? Yes No
- Do you have your own PC and internet access? Yes No
- Do have a current driving licence? Yes No
- Do you have your own reliable transport? Yes No

History of Convictions:

Have you ever been convicted of any criminal offence? Yes No

If yes, please give details: _____

PART B – EDUCATION

Higher Education: i.e. education since leaving school. Include qualifications.

Course Description	Qualifications	Year	Name & Address of Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Secondary Education: i.e. to normal school leaving age, 16 or 18.

Highest level attained at School: _____

Name of school: _____

City: _____

Year completed: _____

PART C – BUSINESS EXPERIENCE

Have you had any experience in the food industry? Yes No

If yes, please describe: _____

Have you had any experience in the health industry? Yes No

If yes, please describe: _____

References: Please give details of two business or academic references. (No contact will be made until you are accepted into the Franchise programme).

Name	Address	Occupation	No. of years known
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PART D– WORKING HISTORY

Please list your current and/or most recent jobs/occupations, most recent first:

1) Current/Most Recent:

Start Date: _____

End Date: _____

Employer/Name of Business: _____

Position Held: _____

Reason for leaving: _____

2) Previous Job 1:

Start Date: _____

End Date: _____

Employer/Name of Business: _____

Position Held: _____

Reason for leaving: _____

3) Previous Job 2:

Start Date: _____

End Date: _____

Employer/Name of Business: _____

Position Held: _____

Reason for leaving: _____

PART D– BANK DETAILS:

Bank Name: _____

Branch Name: _____

Branch Code: _____

Account Holder's Name: _____

Account Number: _____

Please support this document with relative documentation:

- Registration documents of intended trading company/closed corporation (if applicable)
- Certified copies identity documents of all the members, shareholders or partners concerned with the Franchise
- Receiver of Revenue – VAT (if relevant)

I hereby declare that, to the best of my knowledge and belief, the above statement and particulars are true and complete. I also authorise you to make any enquiries you consider necessary in connection with this application. I am aware that, should this application be refused, no reason needs to be given.

I understand that any misrepresentation of factual information requested on this application form may be cause for removal from the Health Island system.

Name and Surname: _____

Signature: _____ Date: _____

Witness: _____ Date: _____