

CONFIDENTIAL



Chip 'n Dip Application Form

This application should be completed in full by the applicant. Non relevant items should be marked as "not applicable".

GENERAL

Full names:

Residential Address:

Postal Address:

CONTACT NUMBERS

Business:

Home:

Fax:

Cell:

Email Address:

PERSONAL INFORMATION

Marital Status:

Number of dependants:

Home language:

Other language:

Date and place of birth:

ID Number:

FRANCHISE TYPE

I am interested in a Fixed/Mobile franchise option (Please indicate):

Which franchise option are you interested in?
(CnD, HDD, Doughnuts, Twisters):

In which general area would you like to operate? :



EDUCATION

Diploma / Degree	Year completed	Institution name

Describe any training in sales, management or retailing:

EMPLOYMENT HISTORY

Please list employer history for the past few years:

Employer	Commencement date	Ending date

Current position:

Current annual income:

Previous fast food experience:

Other previous business experience:

Have you ever had a business failure? If **Yes**, please explain:



FINANCIAL DETAILS

ASSETS

Cash on hand and in bank:	<input type="text"/>
Profit sharing:	<input type="text"/>
Debtors:	<input type="text"/>
Real Estate (current market value):	<input type="text"/>
Net value of business interests:	<input type="text"/>
Others (cars, personal, etc.):	<input type="text"/>
TOTAL ASSETS:	<input type="text"/>

LIABILITIES

Loans payable to banks:	<input type="text"/>
Loans payable to relatives etc.:	<input type="text"/>
Creditors:	<input type="text"/>
Real estate mortgages:	<input type="text"/>
Other debts or obligations:	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
TOTAL LIABILITIES:	<input type="text"/>
NET WORTH:	<input type="text"/>



REFERENCES

Name:

Address:

Contact person:

Telephone number:

Name:

Address:

Contact person:

Telephone number:

I certify that all the information given by me in this form is true, accurate and complete to the best of my knowledge. I acknowledge receipt of Chip n Dip's requirements and understand that in order for this transaction to proceed that I will be required to provide proof of my deposit. I understand that I should instruct my legal and financial advisors to oversee the whole process so as to ensure that my interests are protected. I further undertake to keep all information as supplied by Chip 'n Dip confidential and confirm that I have read and understood the above.

Signed:

Date:

Once the form is completed, please email the document to info@chipndip.co.za, or alternatively you can fax the document to (011) 454-4020.