



# Franchise Owner Application Form

Please print clearly and complete this in your own handwriting.

This confidential information will be used to help us assess your suitability as a Caci Medispa Franchise owner. This information will not be used or disclosed for any other purpose without your prior approval and may at your discretion be destroyed or returned to you if your application is unsuccessful. This application does not obligate either party in any way.

All Caci Medispa Franchise owners are selected on the basis of experience, character, integrity, financial stability and general suitability.

## Personal Details

<b>Date:</b>		
<b>Name:</b>	(Title) (First Names) (Surname)	
<b>Physical Address:</b>	<hr/> <hr/> <hr/>	
<b>Postal Address:</b>		
<b>Telephone:</b>	(Home)	(Business)
	(Mobile)	(Fax)
<b>Email:</b>		
<b>How long have you resided at the above address?</b>	(Years)	
<b>Are you legally authorised to work or purchase a business in New Zealand?</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If 'No' do not complete rest of questionnaire)	
<b>Hobbies/Memberships (Interests, Clubs, Professional):</b>		

# Education

Briefly outline any Educational or Professional Qualifications.

Date Attained	Qualification

# Business/Work Experience

<b>Current Occupation:</b>	<input type="checkbox"/> <b>Self Employed</b> Type of business: _____ Number of staff employed: _____	<input type="checkbox"/> <b>Employed</b> Company: _____ Position: _____
<b>Please outline your current business interests and/or employment commitments:</b>	_____ _____ _____ _____ _____	

Outline your business/employment background prior to your current commitments (*starting with the most recent*).

From	To	Company	Position/Key Tasks & Responsibilities

You may also include a current copy of your Curriculum Vitae, but not in place of this application.

<p><b>What sales and marketing experience have you had?</b></p>	<hr/> <hr/> <hr/>
<p><b>What retail and customer service experience have you had?</b></p>	<hr/> <hr/> <hr/>
<p><b>What staff supervisory experience have you had?</b></p>	<hr/> <hr/> <hr/>
<p><b>What small business management experience have you had?</b></p>	<hr/> <hr/> <hr/>
<p><b>What is your interest in operating a beauty and appearance medicine business?</b></p>	<hr/> <hr/> <hr/>
<p><b>Why are you seeking to become a Caci franchise owner?</b></p>	<hr/> <hr/> <hr/>
<p><b>When could you commence operating your Caci franchise?</b></p>	<hr/> <hr/> <hr/>
<p><b>Please list your preferred franchise locations.</b></p>	<p>1</p> <hr/> <p>2</p> <hr/> <p>3</p> <hr/>

<p><b>What direct input will you have in the management of the Caci Franchise?</b></p>	<hr/> <hr/> <hr/>
<p><b>How much time will you devote to the business?</b></p>	<hr/> <hr/>
<p><b>Are there any other parties who you intend to assist in the management of the Caci Franchise? If yes, what involvement do you anticipate they will have in the business?</b></p> <p>Please provide an overview of that person/s qualifications and experience.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Do you have any other business commitments that may now, or in the future, prove to be a conflict of interest? If so please outline.</b></p>	<hr/> <hr/> <hr/>
<p><b>How would you fund your Caci Franchise?</b></p>	<hr/> <hr/> <hr/>

Do you know anyone that is or has been associated with Caci or any Caci business? If so, who?

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# Statement of Financial Position

<b>Assets:</b>	
Cash on hand, unencumbered:	\$ _____
Life Insurance, Cash Surrender Value (do not deduct loans):	\$ _____
Other Stocks and Bonds:	\$ _____
Real Estate:	\$ _____
	\$ _____
	\$ _____
Automobiles (realisable net value):	\$ _____
Other Assets/Investments (please specify):	\$ _____
	\$ _____
	\$ _____
<b>Total Assets:</b>	\$ _____
<b>Liabilities:</b>	
Accounts payable:	\$ _____
Interest payable:	\$ _____
Overdrafts:	\$ _____
Credit Cards:	\$ _____
Taxes and assessments payable:	\$ _____
Mortgages payable on real estate:	\$ _____
	\$ _____
	\$ _____
Loans against Life Insurance:	\$ _____
Others (please specify):	\$ _____
	\$ _____
<b>Total Liabilities:</b>	\$ _____
<b>Net Worth (total assets minus total liabilities):</b>	\$ <u>                    </u>

<b>Bank details</b>	Name/Branch:
	Telephone:
<b>How long have you banked there?</b>	_____

# General

<p><b>Are there any factors that may inhibit your performance as a Franchise owner? (eg. Health problems).</b></p>	<p><input type="checkbox"/> <b>YES</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>NO</b></span></p> <p>If 'Yes' please give details:</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Are any legal proceedings pending against you?</b></p>	<p><input type="checkbox"/> <b>YES</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>NO</b></span></p> <p>If 'Yes' please give details:</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Have you ever been charged and/or convicted of anything other than a minor traffic infringement?</b></p>	<p><input type="checkbox"/> <b>YES</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>NO</b></span></p> <p>If 'Yes' please give details:</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Is there any reason that you know of that would preclude you or your partner(s) from purchasing a Caci Franchise (eg. Restraint of Trade)</b></p>	<p><input type="checkbox"/> <b>YES</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>NO</b></span></p> <p>If 'Yes' please give details:</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Have you ever failed in business, compromised creditors or been declared bankrupt?</b></p>	<p><input type="checkbox"/> <b>YES</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>NO</b></span></p> <p>If 'Yes', where, when, the circumstances and any remaining liabilities:</p> <hr/> <hr/> <hr/> <hr/>
<p><b>Should your application be successful you will be expected to complete a personality profile questionnaire. Would you be agreeable to this?</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>YES</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>NO</b></span></p>	

# References

<b>Solicitor:</b>	Company:
	Address:
	Telephone:
<b>Accountant:</b>	Company:
	Address:
	Telephone:
<b>Business:</b>	Company:
	Address:
	Telephone:
<b>Personal:</b>	Name:
	Address:
	Telephone:
	<b>Personal:</b>
Address:	
	Telephone:

## **Declaration**

- I hereby certify that this is a true and correct statement as of this date.
- I hereby give Micromode Ltd, my full permission to make any enquiries they so wish about myself or any matter whatsoever relating to the above questions and/ or answers provided that Micromode Ltd will not disclose any such information to any third party not lawfully entitled to receive such information. I also give Micromode Ltd approval to run a credit check on me personally or any company in which I have or have had a financial interest or directorship.
- I understand that the completion of this form does NOT constitute an offer of a Franchise territory by Micromode Ltd and that it places me under no obligation to take up a Franchise territory.
- The information contained in this report is not to be provided to any other person or organisation. If I do not become a Caci Franchise owner this information is to be destroyed or returned to Micromode Ltd upon request.
- I hereby give an undertaking that I will not divulge any information given to me by a Micromode Ltd representative to any person, with the exception of my lawyer or my accountant or financial advisor.

**Signed by the applicant** .....

**Date** .....

**Witness full name** .....

**of** .....

**Witness's signature** .....

Please return to:

Caci Medispa Support Office  
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Email: rebecca.field@micromode.co.nz