

Epiphany NZ Limited Application Form

Applicant's Details

Your Full Name

Last Name

First Name

Postal Address

P O Box No.

City

Postal Code

Residential Address

Street

Suburb

City

Contact Details

Phone-Home

Phone-Work

Mobile

Fax

Email

Do You Own or Rent?

Own

Rent

How long have you lived at this address?

Years

Date of Birth

Marital Status

Single

Married

Other

Name of Spouse/Partner

Number of Dependents

Your Lawyer's Details

Law Firm's Name

Your Lawyer's Name

Law Firm's Postal Address

P O Box No.

City

Postal Code

Contact Details

Phone

Mobile

Fax

Email

Your Accountant's Details

Company Name

Your Accountant's Name

Postal Address

P O Box No.

City

Postal Code

Contact Details

Phone

Mobile

Fax

Email

General Information

Please describe any skills, qualifications you have which would be relevant to you owning an Epiphany franchise.

How do you see the role of an Epiphany franchisee?

Have you ever operated your own business?

No

Yes

Name of Business

Details of Business

Industry, length of time operating, reason for seeking other opportunities etc.

Why are you seeking a business of your own?

Be your own boss

Increase my earnings

Career Change

Investment

Other

Business Referees and Experience

Please list 2 business referees we could contact

1	Name	_____	
	Address	Postal _____	Physical _____
	Phone	_____	
	Relationship	_____	
2	Name	_____	
	Address	Postal _____	Physical _____
	Phone	_____	
	Relationship	_____	

Please detail your current and previous work experience

Current Business or Employment

Name of Company	_____	Title	_____
Duration of Employment	_____	Current Salary	\$ _____
Nature of Business	_____		
Description of key responsibilities and job description			

Previous Business or Employment

Name of Company	_____	Title	_____
Duration of Employment	_____	Salary	\$ _____
Nature of Business	_____		
Description of key responsibilities and job description			

Previous Business or Employment

Name of Company	_____	Title	_____
Duration of Employment	_____	Salary	\$ _____
Nature of Business	_____		
Description of key responsibilities and job description			

Financial Information

Your Assets

Cash in Bank (s)	\$
Value of Home (if owned)	\$
*Other Properties	\$
Savings	\$
Shares and Bonds	\$
Vehicles	\$
Your Business Value	\$
Money Due to You	\$
**Other Assets	\$

Total \$

Your Liabilities

Credit Cards	\$
Mortgage on House	\$
Other Mortgages	\$
Other Obligations	\$
	\$
	\$
	\$
	\$
	\$

Total \$

* Describe Properties

** Describe Other Assets

Net Worth (Assets less Liabilities)

\$ _____

Anticipated Trading Structure

<input type="checkbox"/>	Sole Trader
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Limited Liability Company

How much liquid capital do you have available? \$ _____

If liquid capital is not available, how do you plan to obtain this? Please explain in detail

What income level is an absolute necessity to you?

\$ _____

During the last seven years have you ever . . .

been declared bankrupt?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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been refused a bank loan?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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been a director of a company that has gone into liquidation?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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had a court judgment entered against you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you answered Yes to any of these, please give details

Franchise Information

Owning an Epiphany franchise is physically and mentally demanding. Have you ever suffered from any physical or mental condition that may affect your ability to meet these demands? If Yes, please explain

What is your current state of health? _____

Which franchise territories are you interested in? _____

1st Choice _____

2nd Choice _____

3rd Choice _____

When would you be able to start trading as a franchisee? _____

Additional Information

Please use the space below to provide additional information you consider relevant to your application.

If you have any further questions, please list them in the space below

Credit Check Authorisation

It is imperative that only the most suitable franchisees are associated with Epiphany NZ Limited, therefore ...

I/We

understand:

1. All information is primarily collected to process a franchise application and establish previous work and financial history.
2. That Epiphany NZ Limited will ensure that all information collected will be held securely and that I/we have the right to access information held about me/us and can correct it if necessary.
3. That Epiphany NZ Limited, for the duration of the application process, will hold personal information. Should the application not proceed, all information will be destroyed or deleted from Epiphany NZ Limited records. If the application proceeds information will be stored for future reference with access only by head office.
4. That it is our responsibility to provide the requested information before this application can be submitted. Failure to provide this information or the provision of incorrect information may result in my application for Epiphany NZ Limited franchise being declined and/or may result in legal action.

Furthermore, I/we understand that to enable Epiphany NZ Limited to accurately appraise my/our suitability to own a franchise or agency, we hereby give permission to Epiphany NZ Limited to:

5. Collect from any person or company information as may be required to process this application and further authorise such person or company to provide such information.
6. Obtain a police check and credit reference in order to determine a previous credit history strictly for the purpose of processing Epiphany NZ Limited franchise application. (In the event that you are in default under any loan facility established by Epiphany NZ Limited, the relevant information may be provided to credit check agencies.)

I/We also confirm:

7. That the information contained in Epiphany NZ Limited preliminary application and franchise agreement is true and correct.
8. That all legal and valuation costs in relation to this application are my/our responsibility.
9. I am not GST registered
- I am GST registered
- My GST Number is _____

Declaration

I/We understand that the purpose of this application form is for information only and is in no way binding upon either the company or the applicant.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Epiphany NZ Limited Representative

Date

Signature of Witness

Date

Address