

FRANCHISE APPLICATION FORM

PERSONAL DETAILS

Applicant's Name

Company Name (if applicable)

Address					
How long have you lived at this address?					
If less than 3 years, pleas	se supply previous	s address			
Phone Numbers		Mobile		Othe	ır
Email Address					
PERSONAL INFOR	RMATION				
Age	Health:	Good	Fair		Poor
Marital Status:			Partner's Name:		
Partner's Age:			Number & Ages of Children:		
Will your partner be acti	ve in running the I	ousiness?			
Describe any physical di	sabilities or limita	tions			
Have you ever been convicted of anything other than a minor traffic incident? Y/N					
If yes, please give details:					
List any hobbies, community activities, sport and special activities					



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EDUCATION			
Level of last year studies completed			
Name of last place of learning			
Personal Qualifications			
Describe any formal training			
PERSONAL SKILLS			
Please list below any further skills you b	elieve would supp	oort your application	
BUSINESS EXPERIENCE / EM	IPLOYMENT	HISTORY	
Present Occupation			
Describe responsibilities, duties etc			
PREVIOUS EMPLOYMENT / E	BUSINESS EX	(PERIENCE (LAST 5 YEARS -	- MOST RECENT FIRST)
Name of Firm			
Address			
Type of Business		Position Held	
Date Commenced		Date Finished	
Duties		Achievements	
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Name of Firm

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PREVIOUS EMPLOYMENT / BUSINESS EXPERIENCE (CONTINUED)

Address				
Type of Business			Position Held	
Date Commenced			Date Finished	
Duties			Achievements	
Reason for leaving				
(ATTACH ADDITIONAL SH	EET IF REQUIRED)			
GENERAL INFORMA	TION			
Will you devote your full tim	ne to the business			
If no, please state how you	propose to operate the bu	ısiness		
Are you considering a partner(s)? Y / N If YES, addition			ional questionnaires mus	t be completed by the partner(s)
Why are you seeking a business?				
What level of income do you initially want to achieve per week from your business?				
Have you ever been declared bankrupt?				
Is any legal action current or pending against you or any company associated with you?				

When did you start looking for a business?

What else have you looked at?



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PRESENT INCOME (PER YEAR)

Other Income	\$
Dividends	\$
Bonus or Commissions	\$
Wages or Salary	\$

PRESENT FIXED OUTGOINGS (PER YEAR)

Mortgage / Rent	\$
Other Loan Payments (vehicle etc.)	\$
Other	\$
TOTAL	\$

ASSETS & LIABILITIES AS AT: / 20

ASS	ETS	LIABI	LITIES
Cash in bank/term deposits	\$	Bank overdraft	\$
Securities / shares / bonds	\$	Mortgages	\$
Real Estate	\$	Hire Purchase	\$
Business	\$	Trade Creditors	\$
Money owed to you	\$	Taxes	\$
Motor vehicle / furniture etc.	\$	Personal loans & other liabilities	\$
TOTAL	\$	TOTAL	\$

How do you intend to fund the purchase of your Business?
Would you need to borrow to finance your Business?
Any other financial information that may support this application?



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In your own words, write down why you want to become a part of Hallmark Services.			



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REFERENCES

-		past employment or business associates who ill not contact these references until you are
may be contacted happy for us to do		ill not contact these references until you are
,		
Name		
Business		
Phone		
Email		
Name		
Business		
Phone		
Email		
It is understood th	nat this information will be read and	I used to help the Directors of Hallmark Services
to make a decisio	n whether you are a suitable candic	late to be offered a Hallmark Services Franchise.
By signing this you	ı agree for Hallmark Services to carr	y out any background checks and credit checks.
		k Services to pass on this information to a third
	party company to carr	out their checks.
		_
AF	PPLICANT'S SIGNATURE	DATE