



ASWEFA

Information Request

CONFIDENTIAL



User: Regional Franchise Office



PERSONAL INFORMATION

The purpose of this Information Request is for general information which facilitates our effort to evaluate your qualifications to own and operate an **ASWEFA** franchise. It is not an application form. Information will only be disclosed to our Directors. Completion of this form does not constitute a contract or promise and is not legally binding on either partner. Should you qualify and a mutual interest develops, we will request additional confidential information. Trypai LTD (the regional franchisee) has a stringent recruitment and franchisee selection process and will not enter into any correspondence or discussion regarding their decision not to accept any prospect.

When completed please return to:

PO Box 104 057, Lincoln North 0654, Auckland or scan and e-mail to franchising@aswefa.co.nz

All business partners, directors and shareholders of a proposed franchisee entity must complete a separate Information Request.

Name:

Street Address:

Do you own or rent the dwelling you are currently living in? Own Rent

How long have you lived at this address?

Business Phone:

Mobile:

Home Phone:

Best time to call:

Email:

Date of birth:

Marital Status:

Health: Good Fair Poor

Are you a New Zealand citizen? Yes No

If not, do you have permanent residency status in New Zealand? Yes No

What country is on your passport?

Have you ever had a work related accident/injury? Yes No



If yes, detail the nature and year of each injury?

Do you have any medical condition, injury (for example hearing difficulties) or any other factor that could affect your ability to undertake, or be aggravated by this business, or your employment in general?

Yes No

If yes please give details:

Are there any other factors that may inhibit your performance as a franchisee? (e.g. health considerations, other business or time commitments)

Yes No

What type of machinery can you operate? Counterbalance Reach Order Picker

Combilift Bendi Telehandler Straddle Mobicon Travel Lift

Highest tonnage of Forklift driven _____ Wheels Tracks Rollers

Please list your hobbies, memberships, sports, community activities and outside interests?

Have you, within the last ten years, been charged with a criminal offence, or had any other criminal convictions in New Zealand or overseas? Note: This includes minor offence for which 'Diversion' was imposed.

Yes No

If yes please give details and year:

Have you in the last ten years, had your employment terminated as a result of an employer taking disciplinary action against you?

Yes No

If yes please give details and year:



Do you have any prior obligations which may require your absence from the ASWEFA franchise: (e.g. pre-booked holiday, NZ Armed Forces, Study, secondary employment?) Yes No

If yes please give details:

EDUCATION DETAILS

Year qualification attained	Course type/details	Name of Institution	Passed, Yes or No
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

List any other educational qualifications or courses undertaken which you feel may be relevant to determine your suitability as a franchisee:



Five horizontal grey bars for text entry.

BUSINESS EXPERIENCE

(Please list your business experience – starting with your most recent)

Period from: _____ To: _____

Company name: _____

Type of business: _____

Role and responsibilities: _____

Major achievements: _____

Period from: _____ To: _____

Company name: _____

Type of business: _____

Role and responsibilities: _____

Major achievements: _____

Period from: _____ To: _____

Company name: _____

Type of business: _____

Role and responsibilities: _____



Major achievements:

Do you have any leadership or staff management experience? Yes No
If yes please give details:

Have you previously owned a business? Yes No
If yes please give details and year:

Was it a franchised business? Yes No
If yes please give details:

What size of business in terms of revenue, net profit and number of employees?

How successful was it?

What do you think the success or not was attributable to?

Why did you sell it?

Other business affiliations (Director, Partner, etc.) See also Asset and Capital Section below

If I am successful in obtaining a **ASWEFA** franchise the following will apply:

Franchise Training: I understand that I need to commit to the **ASWEFA** training & induction programme and to attend regular meetings and training.

Yes No

Franchise Reporting: I accept that I must report my franchise activities and results to the regional franchisee to maximise the resources of the team to monitor the health of my franchise.

Yes No



Business Plan: I confirm that I need to prepare a business plan before entering into the franchise agreement.

Yes No

PERSONAL FINANCIAL STATEMENT

1.1 Assets and Liabilities

Current Assets		Current Liabilities	
Cash on hand and in banks	\$	Loans payable to bank	\$
Investments	\$	Bills due, creditors	\$
House government valuation	\$	Mortgage balance	\$
Equity in business	\$	Personal loan balances	\$
Vehicles	\$	HP balance	\$
Shares	\$	Overdraft	\$
Personal effects	\$	Taxation	\$
Debtors	\$	Credit card limits	\$
Other assets	\$	Other debts	\$
Total Assets	\$	Total Liabilities	\$

1.2 Income

Present annual wage/salary	\$
Annual Household income (if more than one income earner or investment income)	\$

1.3 Monthly Expenses

Rent/mortgage/board	\$	Other bank loans	\$
House/contents insurance	\$	HP loans	\$
Medical/life insurance	\$	Student loans	\$
Electricity/gas	\$	Personal loans	\$
Phone/internet	\$	Overdraft	\$
Vehicles	\$	HP balance	\$
Mobile phone	\$	Taxation	\$



Food and groceries	\$	Taxation	\$
Car and petrol	\$	Education	\$
Entertainment	\$	Other	\$
Column total	\$	Column total	\$
Total Monthly Expenses	\$		

Other sources of capital you plan to use to establish your business franchise:

Will the franchise be your sole source of income? Yes No

If "Yes" where, when and the circumstances and any remaining liabilities?



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ASSET AND CAPITAL VERIFICATION DETAILS

Real estate								
Address & description of property (residential, rental, vacant)	Date Acquired	Title in name(s)	Original Cost	Original mortgage amount	Monthly re-payments	Current market value	Current mortgage balance	Net value
Total						\$	\$	\$
Cash on hand and in financial institutions								
Name of financial institution	Description of deposit						Amount	Maturity
Total							\$	\$
Business interests								
Name of business	Description	Sole Trade Partnership Company	Name of all Directors and Shareholders	Relation to prospect	% equity of applicant	Valuation Method	Net Value	
Total							\$	



BUSINESS ASPIRATIONS

Where did you hear about us?

What appeals to you about this business and why are you seeking to become a **ASWEFA** Franchisee?

How soon would you like to be in business? Within 2 months Within 4 months Other

What is your preferred area for a franchise?

How many years do you intend to operate the franchise?

What are your reasons for going into your own franchise?

Do you plan to devote yourself full time to this franchise? Yes No

How much time do you have to devote to the franchise? Please explain

Do you understand how a franchise business operates compared to a stand-alone business? Explain

Explain the nature of the regional franchisee - franchisee relationship:



INDIVIDUAL, PARTNER OF COMPANY?

Are you planning to go into a franchise as:

an individual	<input type="checkbox"/>
or as a partnership	<input type="checkbox"/>
or a limited company	<input type="checkbox"/>
or a trust	<input type="checkbox"/>

A separate Information Request is required from all partners if a partnership and all directors if a limited company and all trustees if a trust, prior to the next step in the recruitment process

If a partnership:

Partners full name:

Partners address:

Partner's relationship to you:

Partner's phone:

Partner's mobile:

Partner's email:

If a limited company:

Company name:

Incorporation number:

Name and address of all directors:

Director 1:

Director 2:

Does the Company have audited financial statements for the past two years? Yes No

If a trust:

Name of trust:

Name and address of all trustees:

Trustee 1:



[Redacted]

Trustee 2:

[Redacted]

Is there any reason that you know of that might preclude you or your partner(s) or your co-directors or your trustees from obtaining an ASWEFA franchise (e.g. restraint of trade, limited visa)
Yes No

If yes give details:

PERSONAL REFERENCES

Please provide details of at least three personal references, other than family members. While we will be contacting your references to assist us, we will not disclose other personal information about you.

Name:

Address:

Phone: Mobile:

Occupation:

Years known:

Name:

Address:

Phone: Mobile:

Occupation:

Years known:

Name:

Address:

Phone: Mobile:

Occupation:



Years known:

Name:

Address:

Phone:

Mobile:

Occupation:

Years known:

FINANCIAL REFERENCES

Full name:

Address:

Phone:

Mobile:

Nature of business:

Full name:

Address:

Phone:

Mobile:

Nature of business:

Full name:

Address:

Phone:

Mobile:

Nature of business:

Full name:

Address:

Phone:

Mobile:



Nature of business:

Full name:

Address:

Phone:

Mobile:

Nature of business:

PROFESSIONAL ADVISORS

This section may be common to all parties considering this opportunity. If so, then only one person needs to complete Section 10 on behalf of the individual, company or partnership.

1.4 Accountant

Full name:

Company's Name:

Address:

Postal Address:

Phone:

Email:

1.5 Solicitor

Full name:

Company's Name:

Address:

Postal Address:

Phone:

Email:

1.6 Bank

Name

Company's Name:

Address:



Postal Address:

Phone:

Email:

1.7 Business Advisor

Full name: Company's Name:

Address:

Postal Address:

Phone:

Email:

1.8 Insurance Advisor

Full name: Company's Name:

Address:

Postal Address:

Phone:

Email:

Please list any questions you have of this franchise opportunity.

Three horizontal grey bars provided for listing questions.



SIGNATURE PAGE AND ASSOCIATED DOCUMENTS

I, the undersigned, understand that in signing this form, I am not legally obligated to uplift any franchise and that the information supplied by me is confidential for the purposes of assessing my desirability and qualifications as a potential franchisee.

I, the undersigned certifies that the above information and financial details provided are true and correct and I understand that references and previous employers may be contacted.

I authorise **ASWEFA** to seek and obtain relevant credit information in line with the Privacy Act. This includes authorisation for **ASWEFA** to obtain from a credit reporting agency, a credit report containing personal credit and/or my commercial activities and for a property report. I understand and consent that credit information about me permissible under the Privacy Act may be given by **ASWEFA** to a credit reporting agency or other credit providers.

If not already provided, the following documents are required to be attached to this Information Request:

Copy of current passport Yes No

Copy of current New Zealand drivers licence Yes No

Optional items:

Written References Yes No

Curriculum Vitae Yes No

Security Guard Licence Yes No

Ministry of Justice Criminal Records letter Yes No

I authorise any person or company to provide you with such information as you may require in response to your enquiries for you to consider this Information Request. I authorise you to furnish to any third party details of this form and any subsequent dealings that I may have with you as a result of this form being actioned by you, and to use for lawful purpose connected with your business any information which I or any third party may provide you.

We advise that under the Privacy Act you have certain rights of access to and correction of personal information.

Signature: _____ Dated: _____

Full name: _____

Address: _____