



Annexure F

APPLICATION FORM FOR SPEC-SAVERS FRANCHISEE



FRANCHISE APPLICATION FORM

IMPORTANT INFORMATION:

This document is required to assess your suitability to become a Spec-Savers franchisee. It should be completed fully. The information must be current and accurate. Information contained in this document will be treated as confidential. By signing the declaration on the final page, you are granting Spec-Savers permission to contact any or all of your references and agree that Spec-Savers may carry out credit reference/bank enquiries at its own expense.

Spec-Savers is an established brand in the South African market. We are very proud of our brand and what it represents and are committed to recruiting the highest quality franchisees. Due to the high standards we regret that not all applications are likely to be successful.

Some of the questions might not be applicable, if so, please just mark N/A instead of leaving it blank. Please take note that in order for Spec Savers to be able to consider your application to be accepted as a franchisee, you need to pay an application fee of R10 000.00 (ten thousand rand). The application is refundable only if your application has been unsuccessful. Please take note that your application will only be considered upon receipt of the application fee.

THE APPLICATION FEE MUST BE DEPOSITED INTO THE FOLLOWING BANK ACCOUNT:

Spec Savers South Africa (Pty) Ltd
First National Bank
Branch Code-261050
Newton Park
Account Number: 53410036884

Proof of deposit must be faxed for the attention of Mr Manhar Makan to the following fax number 0866806982 with the name and details as reference number.

PERSONAL DETAILS

SURNAME										
INITIALS		Rev	Prof	Doc	Mr	Mrs	Miss	Ms	Other	
FIRST NAMES										
IDENTITY NUMBER						NATIONALITY				
PHYSICAL ADDRESS										
										CODE
POSTAL ADDRESS										
										CODE
HOME TELEPHONE						CELLPHONE				
WORK TELEPHONE						FACSIMILE				
MARITAL STATUS										
MARRIED	ANC		COP		SINGLE		WIDOWED		OTHER	
SPOUSE INITIALS										
SPOUSE FULL NAMES										
SPOUSE ID NUMBER						NATIONALITY				
RESIDENTIAL										
OWNED PROPERTY	Y	N	If Yes, please complete the following:							
FULL ADDRESS										
FINANCING INSTITUTION						SOLE OWNER	JOINT OWNER			
RENTING PROPERTY	Y	N								
LANDLORD										
CONTACT PERSON										
TELEPHONE NUMBER						FACSIMILE				
POSTAL ADDRESS										
										CODE

FOR SPEC-SAVERS OFFICIAL USE

APPROVED		REGRET	
SIGNATURE		DATE	
FULL NAMES		DESIGNATION	
COMMENTS / MOTIVATION			

FRANCHISE DETAILS

Incorporated
Practice

Please take note that all franchisees must practice in a private company registered in terms of s53(b) of the Companies Act. Kindly attach a resolution authorising the individual to complete this application.

LIST OF SHAREHOLDERS (MEMBERS)		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		
COPY OF IDENTITY DOCUMENT OF EACH SHAREHOLDER AS WELL AS PROOF OF RESIDENCE TO BE INCLUDED		
LIST OF DIRECTORS (PLEASE ATTACH CM29)		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		
SURNAME	ID NUMBER	
FULL NAMES		

ADDRESSES WHICH WILL SERVE AS DOMICILIUM CITANDI ET EXECUTANDI (PLEASE ATTACH CM22)	
PHYSICAL	
POSTAL	
TELEFAX	
EMAIL	
TEL. NO.	
MOBILE	
STATUTORY REGISTRATION PARTICULARS (PLEASE SEND REGISTRATION CERTIFICATES)	
VAT NO.	
PAYE NO.	
UIF NO.	
SDL NO.	
AUDITORS PARTICULARS	
NAME	
POSTAL ADDRESS	
TELEPHONE	
TELEFAX	
CONTACT PERSON	
BOOKKEEPER PARTICULARS	
NAME	
POSTAL ADDRESS	
TELEPHONE	
TELEFAX	
CONTACT PERSON	
BANK PARTICULARS	
BANK	
HOLDER	
ACCOUNT TYPE	
ACCOUNT NO.	
BRANCH CODE	

EACH SHAREHOLDER TO COMPLETE THE REST OF THIS APPLICATION					
HAVE YOU HAD ANY EXPERIENCE IN THE FOLLOWING AREAS?					
Optics	Y	N	Staff Recruitment	Y	N
Handling Cash	Y	N	Staff Management	Y	N
Stock Control	Y	N	Selling to General Public	Y	N
Retail Business / Finance	Y	N	Working Weekends	Y	N
WHAT STRENGTHS / SKILLS WOULD YOU BRING TO SPEC-SAVERS SOUTH AFRICA?					
WOULD YOUR SPOUSE OR OTHER FAMILY MEMBERS BE INVOLVED IN THE BUSINESS?					
IF SO, IN WHICH CAPACITY?					
WHAT ARE YOUR PRIME BUSINESS OBJECTIVES FOR APPLYING FOR FRANCHISE?					
WHAT ARE YOUR PERSONAL REASONS FOR APPLYING FOR A FRANCHISE?					
WHAT ANNUAL INCOME ARE YOU EXPECTING TO EARN?					
HOW MANY HOURS A WEEK WILL YOU SPEND IN THE BUSINESS?					
WHY ARE YOU INTERESTED IN A SPEC-SAVERS FRANCHISE?					
HAVE YOU, OR ANY BUSINESS ENTITY IN WHICH YOU JOINTLY OR SEPARATELY OWNED AN INTEREST IN, BEEN INVOLVED IN BANKRUPTCY, INSOLVENCY, PROCEEDINGS OR COMPROMISE WITH CREDITORS? IF YES GIVE FULL DETAILS.					
EMPLOYMENT HISTORY (OF EACH SHAREHOLDER)					
If self employed tick box <input type="checkbox"/>					
CURRENT EMPLOYER					
COMPANY					
CITY/TOWN					
ADDRESS					
POSITION / TITLE					
PERIOD OF EMPLOYMENT					
EARNINGS & BENEFITS					
MAIN RESPONSIBILITIES					
REFERENCE					
SURNAME					
COMPANY					
TEL NUMBER					
FULL NAMES					
POSITION / TITLE					

PREVIOUS EMPLOYMENT				(Most recent first - Cover only the last 15 years)			
COMPANY							
CITY / TOWN							
ADDRESS							
POSITION / TITLE							
PERIOD OF EMPLOYMENT							
EARNINGS & BENEFITS							
MAIN RESPONSIBILITIES							
REFERENCE				TEL NUMBER			
SURNAME				FULL NAMES			
COMPANY				POSITION / TITLE			
PREVIOUS EMPLOYMENT				(Most recent first - Cover only the last 15 years)			
COMPANY							
CITY / TOWN							
ADDRESS							
POSITION / TITLE							
PERIOD OF EMPLOYMENT							
EARNINGS & BENEFITS							
MAIN RESPONSIBILITIES							
REFERENCE				TEL NUMBER			
SURNAME				FULL NAMES			
COMPANY				POSITION / TITLE			
EDUCATIONAL QUALIFICATIONS (OF EACH SHAREHOLDER)							
SECONDARY SCHOOL							
NAME							
DATE OF ATTENDANCE							
HIGHEST STANDARD PASSED							
SUBJECTS							
ACHIEVEMENTS IN BRIEF							
UNIVERSITY / COLLEGE							
NAME							
DURATION							
COURSE NAME							
DATE GRADUATED							
DEGREE CLASS OBTAINED							
OTHER ACADEMIC QUALIFICATIONS							
NAME OF INSTITUTION							
COURSE NAME							
DATE COMPLETED							

Please attach all relevant copies of certificates & achievements

REFERENCES	
Please give the name of a personal reference	
NAME	
ADDRESS	
TELEPHONE	
Please give the name of a work reference (if self-employed - customer, client, etc)	
NAME	
JOB TITLE	
COMPANY NAME	
ADDRESS	
TELEPHONE	
Please give the name of a financial referee	
NAME	
ADDRESS	
TELEPHONE	
DETAILS OF PROPOSED STORE LOCATION (IF A NEW SITE)	
NAME OF THE SHOPPING CENTRE/STREET	
SITE ADDRESS	
STORE SIZE	
NAMES OF MAJOR RETAILERS IN CLOSE PROXIMITY	
NAME AND ADDRESS OF LETTING AGENTS	
LETTING AGENTS TELEPHONE NUMBER	

OTHER INFORMATION	
CRIMINAL RECORD	
Have you or your spouse ever been convicted of anything other than a minor traffic infringement (i.e. parking ticket, speeding offence) If Yes, please give full details	

I, the applicant, hereby consent that Spec-Savers may contact my bank manager or banking institution where my account is held to make sure that the necessary funding will be in place in time for me if accepted as a franchisee to commence trading.

I, the undersigned, in my personal capacity hereby certify that the above mentioned information has been checked by me and warrant the truthfulness thereof. I understand that if this application for a franchisee is accepted, I will be required to sign a comprehensive Franchise Agreement regulating all aspects of my franchise relationship with Spec-Savers.

SIGNATURE _____ DATE _____

PERSONAL ASSETS & LIABILITY DETAILS (OF EACH SHAREHOLDER)

ASSET			
FIXED PROPERTY (TOTAL MARKET VALUE)			
ADDRESS	STAND	PURCHASE PRICE	VALUE
			R
			R
			R
Major Items Only			
HOUSEHOLD CONTENTS			
Furniture			R
Audio/ Visual Equipment			R
Personal Belongings			R
JEWELLERY ETC			
			R
TRUCKS AND TRAILERS (Please Specify)			
			R
VEHICLES (Please Specify)			
			R
INVESTMENTS (Please give details)			
			R
INSURANCE POLICIES (Total Surrender Value)			
			R
BANK BALANCE			
			R
SAVINGS ACCOUNT BALANCE			
			R
CURRENT / TRANSMISSION ACCOUNT BALANCE			
			R
OTHER ASSETS - LOAN GRANTED ETC			
			R
TOTAL ASSETS			
			R

LIABILITIES			
FIXED PROPERTY (BOND)			
ADDRESS	BANK	AMOUNT	OWING
			R
			R
			R
Major Items Only			
HIRE: PURCHASE AND LEASE COMMITMENTS			
Goods			
			R
LOANS (Please provide specific details below)			
BANKS			
INSURANCE			
OTHER			
ACCOUNTS (Please provide specific details below)			
SHOPS			
CREDIT CARDS			
BANK OVERDRAFT			
FACILITY			
HOW SECURED			
OTHER AMOUNTS OWING (Please provide specific details below)			
			R
TOTAL LIABILITIES			
SURPLUS (ASSETS LESS LIABILITIES) =			
PERSONAL INCOME AND EXPENDITURE (MONTHLY)			
MAIN INCOME	Salary	Total Income	R
	Investments		
	Other		
EXPENDITURE	Household	Total Expenses	R
	Debtors		
	Other (Specify)	NETT INCOME	R

EIGHT KEY QUESTIONS			
1. Do you require Financial Assistance ?		Y	N
Comments			
2. What is your total investment capability? Cash			
Finance Available			
(Please provide letter from Financial Institution to confirm this amount)			
Comments			
3. When are you available to commence business?			
4. Where in South Africa would you prefer your business to be?			
5. If a site was not available in your area, would you be willing to relocate and, if yes, to which areas of South Africa?			
Y	N		
6. Is your interest as an investor or would you plan to dedicate yourself to running the site?			
7. How did you learn of this franchising opportunity?			
8. Are there any current or potential conflict of interest/s (ie spouse is employed by a competitor) you wish to disclose?			

I, the undersigned, declare that to the best of my knowledge and belief, this is a true and correct statement as at the date stated below. Unless indicated, my assets are not encumbered or ceded.

Date _____ Full Name _____

Witness _____ Signature _____