



## NON-DISCLOSURE AND NON-CIRCUMVENTION UNDERTAKING

**TO:** LeWrap (“LeWrap”)

I confirm that this Letter sets out the terms on which LeWrap agrees to make available to me certain confidential information relating to:

- (a) the group of franchised LeWrap operations providing retail services;
- (b) the possible establishment of a LeWrap franchised operation by me

(The existing and potential franchised operations are collectively described as “**the Franchise**” in this Letter).

In consideration of LeWrap providing Franchise Information to me, I give the undertakings set out in this Letter.

### NON-DISCLOSURE

1. This Letter covers all information, both oral and written, communicated to me about the Franchise by LeWrap or any of LeWrap employees or professional advisers at any time after the date of this Letter for the purposes of enabling me to evaluate the Franchise and consider whether to participate in the Franchise. In the remainder of this Letter such information, and any documents containing or referring to such information, are referred to as “**the Franchise Information**”.
2. I will keep the Franchise Information confidential at all times and I will not disclose the Franchise Information or any part of it to any person without LeWrap written consent. I acknowledge that such consent is deemed to be given to enable me to disclose the Franchise Information to my professional advisers and financiers for the purposes only of advising me with regard to my potential participation in the Franchise.
3. I will only use the Franchise Information for the purposes of evaluating whether I wish to become involved in the Franchise.
4. Subject to the terms of any further agreement between us, I will return all copies of the Franchise Information on demand by LeWrap.

### NON-CIRCUMVENTION

5. I acknowledge that the value and goodwill in the Franchise is dependent upon the relationships which exist between LeWrap and its clients and Franchisees and I hereby expressly agree that the terms of this Letter apply to any activity reasonably deemed by LeWrap to be using the Franchise

Information to circumvent the services provided by LeWrap. This non-circumvention provision shall include but shall not be limited to:-

- (a) Disclosure by me of Franchise Information to any of LeWrap competitors;
  - (b) the establishment or attempt to establish, or assisting or advising other persons to establish a business that is the same or could be reasonably construed as similar to a LeWrap Franchises on the basis of the Franchise Information or any variation or version thereof within a period of two years from the date hereof.
6. I hereby agree and warrant that I am not whether indirectly, directly, as agent or consultant, at the present time connected in any capacity with any similar business or service to LeWrap nor have I been directed to obtain information on behalf of another company or individual.
7. Unless specified to the contrary, I understand and agree that any decision I make must be based on my own investigations, including my own verification of the Franchise Information, and:
- (a) the disclosure of the Franchise Information to me is not intended to be on the basis of any express or implied warranty as to its accuracy and LeWrap does not accept responsibility for or make any representations, express or implied, with respect to the accuracy or completeness of the Franchise Information; and
  - (b) no representation is given or made by LeWrap or any of LeWrap Directors, employees or advisers concerning the accuracy of any financial information contained in the Franchise Information with respect to the Franchise’s prospects for any future period.
8. If I sign this Letter on behalf of a Company or partnership then this Letter binds me and the Company or partnership.

.....  
Signature

.....  
Signature

.....  
Name (printed)

.....  
Name (printed)

.....  
Company Name and A.B.N.

.....  
Company Name and A.B.N.

.....  
Date

.....  
Date



## CONFIDENTIAL FRANCHISE PARTNER APPLICATION FORM

This application does not obligate either party. Submission of this application form does not guarantee the approval of the applicant as a Franchise Partner, which is subject to completion of the LeWrap approval process which may include assessments and interviews. The approval of any applicant is subject to LeWrap's discretion. The information supplied in the application form is confidential and is for the purpose of ensuring the prospective Franchise Partner is suited to the brand and business system, and has the capabilities to service possible future commitments. LeWrap will rely upon the information contained in this form as a material factor in considering this application. You have the opportunity not to disclose certain information. However, we advise this may hinder our ability to assess your suitability as a potential Franchise Partner. Please ensure all care is taken with the accuracy of all contained information.

### APPLICANT INFORMATION

IF MORE THAN ONE PERSON IS APPLYING FOR THE FRANCHISE, AN APPLICATION FORM IS TO BE COMPLETED BY ALL APPLICANTS INDIVIDUALLY.

Name:			
Date of Birth:	Email:	Phone:	
Current address:			
			Post Code:
Previous address:			
			Post Code:
Marital Status:	Spouse Name:	Spouse Age:	
Number of Dependents:	Will your spouse be active in the business: <input type="checkbox"/> Yes <input type="checkbox"/> No		
% Ownership of Business:	Name:	%	Name: %
Health:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Describe any physical or mental disabilities or limitations that may affect your ability to run this business:			
Personal Qualifications, Degrees, Diplomas:			

Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please specify:	Visa Type:
Visa Conditions*:	
*PLEASE ATTACH A COPY OF YOUR VISA TO THIS APPLICATION	

EMPLOYMENT INFORMATION		
Current employer:		
Employer address:	How long?	
Responsibilities:		
Have you owned your own business before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business:
Formal Training in Sales, Retail or Management:	Details:	

EDUCATION BACKGROUND	
Highest qualification achieved:	
Education Institution & Year:	

REFERENCES			
Professional Reference 1:	Name:	Company:	
Position:	Telephone:	Email:	
Professional Reference 2:	Name:	Company:	
Position:	Telephone:	Email:	

<b>OTHER BUSINESS INTERESTS</b>	
Do you have any other business interests you are currently involve in? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", provide details below:	
<b>DETAILS OF EXISTING DIRECTORSHIP AND OTHER BUSINESS INTERESTS</b>	
Name of Business / Company 1:	
<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust	
Type of Business:	
ABN/ACN:	Registered Address:
Telephone:	
Name of Business / Company 2:	
<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust	
Type of Business:	
ABN/ACN:	Registered Address:
Telephone:	

<b>GENERAL INFORMATION</b>	
1. How did you find out about LeWrap Franchising? <input type="checkbox"/> I'm a loyal customer <input type="checkbox"/> Website <input type="checkbox"/> FranchiseBusiness.com <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Store <input type="checkbox"/> Other (please specify):	
2. Are you a regular customer of LeWrap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Which store do you frequent the most?	
4. What areas are you interested in having your franchise (State/Suburb/ Shopping Centre)?	
5. How do you feel about working extended hours?	
6. Why do you believe you are suited to operating a LeWrap Franchise?	
7. Are you prepared to comply with the procedures and controls set by LeWrap? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. How many years do you intend to run your business?	Years
9. When would you like to commence your franchise?	
10. Do you intend to work full-time in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If "No", who will be responsible for the daily operation of the business?	

FINANCIAL INFORMATION	
What is your present gross annual income?	\$
Other Income:	\$
Please explain your Other Income:	
What is your estimated minimum required income for your current living expenses per month?	\$ p/m
Would the new business be your sole source of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently renting your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSETS & LIABILITIES SCHEDULE			
PLEASE ENSURE THAT ALL FIGURES ARE ACCURATE. THESE MAY NEED TO BE CONFIRMED AND EVIDENCE MAY BE REQUIRED.			
ASSETS		LIABILITIES	
Property 1:	Address:		
Value:	\$	Debt / Mortgage:	\$
Property 2:	Address:		
Value:	\$	Debt / Mortgage:	\$
Other Property:	\$	Debt / Mortgage:	\$
Business Interest Value:	\$	Debt / Mortgage:	\$
Cash in Bank (excluding line of credit)	\$	Personal Loans:	\$
Motor Vehicle Value	\$	Motor Vehicle Debt	\$
Shares / Bonds	\$	Credit Card Debt	\$
Other Investments:	\$	Other Debt not covered above (eg. Loans from family)	\$
<b>Total Assets:</b>	<b>\$</b>	<b>Total Liabilities:</b>	<b>\$</b>

Do you have a source of finance (bank/financial institution?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", name of financial institution:		
How much finance will be provided? \$		
If other individuals will be involved in financing the business, please provide details:		

<b>FINANCIAL HISTORY</b>		
Have you been insolvent in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", provide details:		
Have you ever been bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", provide details:		
Has the applicant been the subject of any court proceedings, past or present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", provide details:		

<b>CONVINCTIONS AND LEGAL PROCEEDINGS</b>		
Do you have any criminal convictions or charges against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain and provide details (including year of conviction, type of offence, and penalty):		

## DECLARATION

I, \_\_\_\_\_ of \_\_\_\_\_ declare as

follows:

- 1) I have answered the questions and provided the information in this Application to the best of my knowledge and belief, and that as far as I am aware the answers and information are true and correct in all respects, and that no relevant details have been omitted.
- 2) I acknowledge that if any information included in this application is false or misleading in any way, LeWrap shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this Application.

I also acknowledge and agree that LeWrap Franchising Pty Ltd:

- 1) Is collecting the information contained in this form to assess whether I should be considered as a potential Franchise Partner.
- 2) Is authorised to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;
- 3) May provide the information contained in this Application to its advisers, including its accountants, solicitors and consultants.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date:        /        /2014

**We wish to advise that the Disclosure Document we hold contains all the relevant company information you require to help you make an informed decision regarding the LeWrap Franchise System. As you can appreciate this document contains sensitive company information that we only release upon receipt of your application accompanied by a \$3,300.00 deposit cheque. Should your application not be successful, or you simply do not wish to proceed, the deposit is fully refundable.**

We thank you for taking the time to fill in a Confidential Application to become a Franchise Partner. Upon review of the information provided, we will be contacting you regarding the next steps.