



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:	

OTHER BUSINESS INTERESTS	
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:	
DETAILS OF EXISTING DIRECTORSHIP AND OTHER BUSINESS INTERESTS	
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:	

GENERAL INFORMATION	
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)	\$
Total Assets:	\$	Total Liabilities:	\$

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:		

FINANCIAL HISTORY		
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:		

CONVINCTIONS AND LEGAL PROCEEDINGS		
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: / /2015

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.