

The \$2 Shop Limited, Trading As



Request for Consideration

The purpose of this REQUEST FOR CONSIDERATION form is for general information which facilitates our effort to evaluate your qualifications to own and operate a 2 n' 5 franchise. It is not an application form. This information will only be disclosed to our Directors and key staff. Completion of this form does not constitute a contract or promise. Should you qualify and a mutual interest develops, we will request additional information. The \$2 Shop Ltd (the Franchisor) will not enter into any correspondence or discussion regarding their decision to reject any application.

(Please print or type)

PERSONAL INFORMATION (enclose photograph if available)

Name Mr / Mrs / Miss / Ms.....

Street Address

.....

Home: Own / Rent (please circle one) How long

Business Phone Facsimile Mobile

Home Phone Best time to call e-mail

Date of Birth Marital Status

Are you a citizen of New Zealand? yes no If not, what country?

Health good fair poor

Describe any physical disabilities or limitations

.....

Are you on any medication? If yes what for?.....

Spouses/partners Name Date of Birth

Spouses/partners Employment

How does your spouse/partner feel about your interest? Or, how do they feel about joining you in this venture?

.....

.....

Dependants Names and Ages if under 21

.....

.....

What are your hobbies, sports, community activities and outside interests?

.....

.....

What do you feel has been your greatest accomplishment in life?

What do people criticize you most for?

Who encourages you the most?

Who cautions you the most?

Have you ever been convicted of anything other than a minor traffic violation? yes no

If yes, please state the details

EDUCATION INFORMATION (plus attach Curriculum Vitae if prepared)

Highest qualification received

Other qualifications or degrees

Detail any sales, marketing or management training.....

Other skills or qualifications that will be used in the business

INDUSTRY TRAINING (NOT LISTED ABOVE)

BUSINESS EXPERIENCE

(Please list company name, type of business, positions held and your most significant accomplishments)

Present / Most Recent Position

Previous Position

Have you ever owned a business? yes no If yes, what type and what was your role?

Other Business Affiliations (Director, Partner, etc)

Why are you considering going into business now?

Have you ever been bankrupt or involved with any company that went into liquidation or bankruptcy?
 yes no If yes, please explain your role with the company?.....

Have you ever owned a franchise? yes no If yes, what type and when ?.....

How do you visualise the relationship between the Franchisor and Franchisee?

What do you believe are the advantages of the franchise concept?

What do you believe are the disadvantages of the franchise concept?

The success of a franchise is dependent on strict adherence to an established operating system. How do you rate your ability to follow guidelines directed by the franchisor and changes from time to time?

What do you want to achieve out of your involvement with the '2n'5' franchise system?

What qualities do you have which you believe are valuable if you become part of this system?

What is your understanding of what the role of a '2n'5' franchise means on a day to day basis?

What challenges do you think you will meet working in a '2n'5' store?

Do you have any beliefs, religious or otherwise which would prevent you from reselling any "approved" items of stock for sale? yes no If yes, please explain

What are some of the marketing strategies you might use to promote your franchise on a local level?

PERSONAL FINANCIAL STATEMENT

Present Annual Wage/Salary \$.....

Current Assets

Current Liabilities

Cash on hand and in banks \$.....
Investments \$.....
House Government Valuation \$.....
Equity in businesses \$.....
Automobiles \$.....
Other assets \$.....
Total Assets \$.....

Loans payable to bank \$.....
Bills due, creditors \$.....
Real estate mortgages \$.....
Personal Loans \$.....
Hire Purchases \$.....
Other debts..... \$.....
Total Liabilities \$.....

How are you planning on financing your business?.....

BUSINESS ASPIRATIONS

Where did you hear about us?

What appeals to you about this business?

How soon would you like to be in business? within 60 days? within 4 months? Other

Please indicate your preference for a Franchise territory

Are you applying as: an individual or as a Partnership? A separate application is required from all partners.
If a Partnership, please give name(s)

Do you intend to operate the franchise through a: Limited Liability Company Trading Trust Partnership
 Sole Trader

Please state:

What are your reasons for going into your own business?
.....
.....

Do you plan to devote yourself full time to this franchise? yes no

If no, please state how you propose to operate the business:
.....

How would you regard the ownership position with this business? Investment Career Speculation

Cash available to invest? \$.....

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 no, describe other sources of income:
.....
.....

PERSONAL REFERENCES

While we will be contacting your references to assist us, we will not disclose the nature of your intended proposition.

Name: Address:

Phone: Occupation: Years known:

Additional information or comments that you want to share with us in evaluating your application
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Name: Address:

Phone: Occupation: Years known:

Additional information or comments that you want to share with us in evaluating your application
.....

Name: Address:

Phone: Occupation: Years known:

Additional information or comments that you want to share with us in evaluating your application
.....

FINANCIAL REFERENCES

Name: Address:

Phone: Nature of business transacted:

Name: Address:

Phone: Nature of business transacted:

SOLICITOR

Name.....

Firms NameFax..... Phone

Street Address

Postal Address.....

ACCOUNTANT

Name.....

Firms NameFax..... Phone

Street Address

Postal Address.....

BANK

Bank Branch Phone

AddressContact

The undersigned certifies that the above information is true and correct and understands that references and previous employers may be contacted.

To this Request for Consideration I have attached

Curriculum Vitae Recent Photo Written References

Signature(s) Dated

Name(s)

I/we authorise any person or company to provide you with such information as you may require in response to your enquires for you to consider this application. I authorise you to furnish to any third party details of this application and any subsequent dealings that I may have with you as a result of this application 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.

Signature(s) Dated

Name(s)

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