

de la France
PROVINCIAL BAKERY





delafrance
PROVINCIAL BAKERY

Date: _____

APPLICANT DETAILS

Full Name: _____

Private Address: _____

Suburb: _____

State: _____

Postcode: _____

Telephone Home: _____

Mobile: _____

E-mail Address: _____

Date Of Birth: _____

Drivers License: _____

Marital Status: _____

Spouse's Name: _____

Spouse's Occupation: _____

Spouse's Age: _____

Number of Dependents: _____

Age of Children: _____

Describe any physical or mental disabilities or limitations:

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DO YOU HAVE ANY OTHER DIRECTORSHIP / BUSINESS INTERESTS?

If Yes, Name of Company / Business and Address:

Full Name:
ABN: ACN:
Registered Business Address:
Suburb: State: Postcode:
Telephone: Mobile: Fax:
Email Address:

NAME/S AND ADDRESSES OF DIRECTORS AND SHAREHOLDERS:

Full name: Director Shareholder
Private Address:
Telephone: Mobile:
Full name: Director Shareholder
Private Address:
Telephone: Mobile:
Full name: Director Shareholder
Private Address:
Telephone: Mobile:

CURRENT / PROPOSED STRUCTURE

Sole Trader Partnership Company Pty Ltd. Trust
Name of Company:
ABN:
ACN:
Registered Business Address:
Suburb: State: Postcode:
Telephone: Fax: Mobile:
Email Address:

Please complete the following details of all company individuals

Full Name:
Position:
 Sole Trader Partnership Company Pty Ltd. Trust
Registered Business Address:
Suburb: State: Postcode:
Telephone: Fax: Mobile:
Email Address:
Drivers License:
Date of Birth:
Marital Status:
Spouse's Name:
Spouse's Age: Spouse's Occupation:
N.O. of Dependents: Age of Children:
Percentage of Business Ownership:
Describe any physical or mental disabilities or limitations:



CURRENT / PROPOSED STRUCTURE

- Sole Trader Partnership Company Pty Ltd. Trust

Name of Company:
ABN:
ACN:
Registered Business Address:
Suburb: State: Postcode:
Telephone: Fax: Mobile:
Email Address:

Please complete the following details of all company individuals/Guarantors

Full Name:
Position:
 Sole Trader Partnership Company Pty Ltd. Trust
Registered Business Address:
Suburb: State: Postcode:
Telephone: Fax: Mobile:
E-mail Address:
Drivers License:
Date of Birth:
Marital Status:
Spouse's Name:
Spouse's Age: Spouse's Occupation:
N.O. of Dependents: Age of Children:
Percentage of Business Ownership:
Describe any physical or mental disabilities or limitations:

Full Name:
Position:
 Sole Trader Partnership Company Pty Ltd. Trust
Registered Business Address:
Suburb: State: Postcode:
Telephone: Fax: Mobile:
E-mail Address:
Drivers License:
Date of Birth:
Marital Status:
Spouse's Name:
Spouse's Age: Spouse's Occupation:
N.O. of Dependents: Age of Children:
Percentage of Business Ownership:
Describe any physical or mental disabilities or limitations:

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.....



Full Name:

Position:

Sole Trader Partnership Company Pty Ltd. Trust

Registered Business Address:

Suburb: State: Postcode:

Telephone: Fax: Mobile:

Email Address:

Drivers License:

Date of Birth:

Marital Status:

Spouse's Name:

Spouse's Age: Spouse's Occupation:

N.O. of Dependents: Age of Children:

Percentage of Business Ownership:

Describe any physical or mental disabilities or limitations:

Full Name:

Position:

Sole Trader Partnership Company Pty Ltd. Trust

Registered Business Address:

Suburb: State: Postcode:

Telephone: Fax: Mobile:

Email Address:

Drivers License:

Date of Birth:

Marital Status:

Spouse's Name:

Spouse's Age: Spouse's Occupation:

N.O. of Dependents: Age of Children:

Percentage of Business Ownership:

Describe any physical or mental disabilities or limitations:

DO YOU HAVE ANY OTHER DIRECTORSHIP / BUSINESS INTERESTS?

If Yes, Name of Company / Business and Address:

Full Name:

ABN: ACN:

Registered Business Address:

Suburb: State: Postcode:

Telephone: Mobile: Fax:

Email Address:

NAME/S AND ADDRESSES OF DIRECTORS AND SHAREHOLDERS:

Full name: Director Shareholder

Private Address:

Telephone: Mobile:

Full name: Director Shareholder

Private Address:

Telephone: Mobile:

Full name: Director Shareholder

Private Address:

Telephone: Mobile:



Have you ever had any conviction against you, in any state or territory of Australia or elsewhere, under any legislation? If Yes, please state full details (Place and year of conviction, type of offence and penalty)

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Are you or your employer providing products, goods or services to Boulangerie Delafrance or any of its franchisees? If Yes, please state name, relationship and position held.

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Do you now or have you ever owned / managed or had an interest in a cafe/restaurant operation? If Yes, please state full details

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Personal Qualifications, Degrees or Diplomas:

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Formal Training in Sales, Retailing or Management:

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CURRENT EMPLOYMENT DETAILS

Occupation:
Position:
Company:
Type of Business:
Address:
Suburb: State: Postcode:
Contact Person: Telephone:
Period of Employment:
Commencement Date:
Responsibilities:
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Reason Left:
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PREVIOUS EMPLOYMENT DETAILS

Occupation:
Position:
Company:
Type of Business:
Address:
Suburb: State: Postcode:
Contact Person: Telephone:
Period of Employment:
Commencement Date:
Responsibilities:
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Reason Left:
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REFERENCES

Name: Telephone:
Position: Company:
Nature of Reference (i.e. Personal, Employment):

Name: Telephone:
Position: Company:
Nature of Reference (i.e. Personal, Employment):

Name: Telephone:
Position: Company:
Nature of Reference (i.e. Personal, Employment):

BUSINESS INTEREST

What type of Boulangerie Delafrance are you interested in opening?

- Full Restaurant
- Cafe Bakery
- Kiosk
- Provincial Cafe

Why is this type of Boulangerie Delafrance attractive to you?

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What area are you interested in opening?

A.
B.
C.

Why is this area attractive to you?

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ASSET VERIFICATION SCHEDULES

REAL ESTATE

Address and Description of Property (residential, rental, vacant)

Title in name(s):

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Original Mortgage Amount	Monthly Repayments	Current Market Value	Current Mortgage Balance
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CASH ON HAND AND IN FINANCIAL INSTITUTIONS

Name of Financial Institution

Amount \$

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BUSINESS INTERESTS

Name of Business	Description	Type (Partnership, sole)	% Equity	Net Value
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DECLARATION

I / We

of

declare as follows:

The information I / We have given in this Franchise Application is true and correct and that no relevant details have been omitted.

I / We understand that this application is part of an offer to Boulangerie Delafrance and that it may be accepted or refused by Boulangerie Delafrance in its sole discretion.

I / We also acknowledge and agree that Boulangerie Delafrance:

May make any credit / character checks which it deems necessary to verify the accuracy of the information in this application and to retain any information attained for its records.

I have read, understood and agree to the above declaration

By completing and returning this document, you consent to Boulangerie Delafrance, its related entities and its franchisees collecting your personal information for use in accordance with our Privacy Policy and in particular, in order to provide the goods and/or services you have requested and for marketing purposes. You can view a complete copy of our Privacy Policy or contact one of our privacy officers to access your personal information at www.delafrance.com.au. If you do not provide us with the requested information we may be unable to provide the goods and/or services you have requested.

We will not rent, sell or give your personal information to any other entity without your consent.

Dated this:

Day:

Name:

Signature:

