



Franchise Application form Applicant Information

What areas are you looking at?

Please list your ideal locations in order of preference; please be as specific as possible.

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Proposed Franchisee

- Sole trader (1 individual)
- Partnership (2 or more individuals)
- Company (Limited liability)

If the Franchisee is to be a Company please complete below (if known)

Company name

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Registration number

.....

Registered Address

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Directors

.....

Guarantors (confirm shareholdings)

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Details – Applicant (1)

Please complete information below for all individuals

Full Name.....

Residential Address

.....
.....
.....

Postcode

Telephone:

Home

Mobile

Email Address

Date of Birth

Current state of Health

Have you ever suffered from any of the following? (Please delete where appropriate)

Chest problem/shortage of breath	Y /N
Disorder of the digestive track	Y /N
Stroke	Y /N
Heart problems	Y /N
Disorders of the blood or immune system	Y /N
Epilepsy	Y /N
Mental issues	Y /N
Walking/lifting difficulties or back pain	Y /N
Sight impairment (other than corrected by spectacles)	Y /N
Hearing difficulties	Y /N

Describe any further physical or mental disabilities or limitations

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Marital Status

Spouse's Name

Spouse's Age

Number of Children

Age(s) of Children

If married will your spouse be active in the business?

Yes

No

If yes, how many days per week?

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.....

Propose share of Ownership of Business by Applicant 1: (%)

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Current Directorships / Business interests of Applicant 1

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Previous Directorships / Business interests of Applicant 1

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Personal Qualifications, Degrees or Diplomas

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Formal Training in sales, retailing or Management

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Details – Applicant (2)

Please complete information below for all individuals

Full Name

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Residential Address

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Postcode

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Telephone:

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Home

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Mobile

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Email Address

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Date of Birth

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Current state of Health

Have you ever suffered from any of the following? (Please delete where appropriate)

- | | |
|---|------|
| Chest problem/shortage of breath | Y /N |
| Disorder of the digestive track | Y /N |
| Stroke | Y /N |
| Heart problems | Y /N |
| Disorders of the blood or immune system | Y /N |
| Epilepsy | Y /N |

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Mental issues Y/N
Walking/lifting difficulties or back pain Y/N
Sight impairment (other than corrected by spectacles) Y/N
Hearing difficulties Y/N

Describe any further physical or mental disabilities or limitations

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Marital Status

Spouse's Name

Spouse's Age

Number of Children

Age(s) of Children

If married will your spouse be active in the business?

Yes

No

If yes, how many days per week?

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Propose share of Ownership of Business by Applicant 2: (%)

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Current Directorships / Business interests of Applicant 2

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Previous Directorships / Business interests of Applicant 2

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Personal Qualifications, Degrees or Diplomas

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Current Employment details – Applicant (1)

Occupation/Position

Company

Type of Business

Address

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.....
.....

Contact Person

Telephone

Commencement Date

Responsibilities and number of people supervised

.....
.....



Previous Employment History – Applicant (1)

Occupation/Position

Company

Type of Business

Address

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Contact Person

Telephone

Period of Employment

Reason for Leaving

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Responsibilities and number of people supervised

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Previous Employment History – Applicant (1)

Occupation/Position

Company

Type of Business

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Address

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Contact Person

Telephone

Period of Employment

Reason for Leaving

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Responsibilities and number of people supervised

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Current Employment details – Applicant (2)

Occupation/Position

Company

Type of Business

Address

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Contact Person

Telephone

Commencement Date

Responsibilities and number of people supervised

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Previous Employment History – Applicant (2)

Occupation/Position

Company

Type of Business

Address

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Contact Person

Telephone

Period of Employment

Reason for Leaving

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Responsibilities and number of people supervised

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Previous Employment History – Applicant (2)

Occupation/Position

Company

Type of Business

Address

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Contact Person

Telephone

Period of Employment

Reason for Leaving

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Responsibilities and number of people supervised

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References

Please provide 2 trade references and 1 personal reference

Name

Telephone

Position

Company

Nature of Reference (i.e. Personal, employment etc) and relationship to Applicant
(Previous employer, supplier etc)

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.....

Name

Telephone

Position

Company

Nature of Reference (i.e. Personal, employment etc) and relationship to Applicant
(Previous employer, supplier etc)

.....
.....

Name

Telephone

Position

Company

Nature of Reference (i.e. Personal, employment etc) and relationship to Applicant
(Previous employer, supplier etc)

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Financial Background

Are you or have you ever been, bankrupt, the subject of a creditor's petition, warrant or execution, or had estate assigned for the benefit of creditors?

- Yes No

If YES, give details including when discharged from bankruptcy (if relevant)

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Are you, or have you ever been not creditworthy?

- Yes No

*A person is not credit worthy when suppliers will no longer supply credit because of the Person's past record of bad payment of accounts.

If YES, give details, including place and time.

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Have you ever been the director of a company which has appointed a receiver, official manager, administrator, provisional liquidator or has otherwise traded as insolvent?

- Yes No

If YES, give details including company name and number

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Convictions and Legal Proceedings

Give details of any conviction(s) against you personally, in the UK or elsewhere, under any legislation.

Place & Year of conviction(s)

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Type of Offence

Penalty

Give details of any civil judgment(s) against you or a company of which you were a director.

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Place & Year of judgment(s) entered.....

Orders made (chronological order)

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Household Income/Expenditure (List current monthly information)

Income

Wages/Salary (after Tax) £.....

Bonus/Commissions £.....

Dividends/Interest £.....

Real Estate Income

(to include rental income) £.....

Other income (specify) £.....

Total £.....

Expenditure

Mortgage Repayments £.....

Finance/Loan Repayments £.....

Credit Card Repayments £.....

Telephone/Electricity £.....

School fees & expenses £.....

Rates & Taxes £.....

Insurance £.....

Other expenditure (specify) £.....

Total £.....

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Statement of Assets and Liabilities

Please provide details on the following asset verification schedules

ASSETS

Real Estate – current market value	£
Cash on hand in financial institutions	£
Net value of business interests	£
Shares/bonds – current market value	£
Other assets	£
TOTAL ASSETS (A)	£

LIABILITIES

Real estate & mortgages	£
Credit cards/overdrafts/loans payable to financial institutions	£
Loans payable to friends and relatives	£
Leasing/hire purchase finance obligations	£
Loans guaranteed for others	£
Other debts and obligations	£
TOTAL LIABILITIES (B)	£

NET WORTH (A)-(B) =	£
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REAL ESTATE

	ADDRESS & DESCRIPTION OF PROPERTY (RESIDENTIAL, RENTAL, VACANT)	DATE ACQUIRED	TITLE IN NAME	TITLE NUMBER
1				
2				
3				

	ORIGINAL COST	ORIGINAL MORTGAGE ACCOUNT	MONTHLY REPAYMENTS	CURRENT MARKET VALUE	CURRENT MORTGAGE BALANCE	NET VALUE
1						
2						
3						
TOTAL						

Cash on hand and in financial institutions

NAME OF FINANCIAL INSTITUTION	DESCRIPTION OF DEPOSIT	AMOUNT £	MATURITY £

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Business interest

	NAME OF BUSINESS	DESCRIPTION	TYPE (PARTNERSHIP, LTD COMPANY OR SOLE TRADER)	COMPANY NUMBER
1				
2				

	OWNERS NAMES	RELATIONSHIP TO APPLICANT	% EQUITY/ OWNERSHIP	VALUATION METHOD	NET VALUE
1					
2					
TOTAL					

Listed securities

SHARES	DESCRIPTION	CURRENT MARKET VALUE
TOTAL		



BONDS	DESCRIPTION	FACE VALUE	CURRENT MARKET VALUE
TOTAL			

Other assets

E.g. Share options, cash value of life insurance, superannuation, automobiles and other personal property etc

	DESCRIPTION	CURRENT MARKET VALUE
1		
2		
3		
4		
TOTAL		

LOANS/CREDIT CARDS/NOTES/ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS OR OTHERS (excluding mortgages and debts listed below)

	LENDER	RELATION TO APPLICANT	NATURE OF DEBT
1			
2			
3			
4			



	SECURED Y/N	MATURITY DATE	ORIGINAL FACE VALUE	MONTHLY REPAYMENTS	INTEREST RATE	PRESENT BALANCE
1						
2						
3						
4						
TOTAL						

Other debts and Liabilities

E.g. Insurance loans, spousal maintenance, child support, leases, contracts, legal claims, taxes, guarantor etc

	OBLIGEE	DESCRIPTION	AMOUNT
1			
2			
3			
4			
TOTAL			

Questionnaire

The following questionnaire is intended to assess your personal needs and motivation and ascertain whether or not they are consistent with developing and running a successful, franchised Coffee Republic bar.

Failure to disclose material information may hinder our ability to assess your suitability as a potential franchisee.

Why do you wish to purchase a franchise as opposed to an independent coffee shop?

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If you could have any job or position you wanted, what would you do?

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How do you intend to finance the purchase of the Coffee Republic franchise and how much of it is already in place?

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Are you prepared to comply with the procedures and controls set by Coffee Republic?

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What do you expect from us as franchisors?

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How many hours per week do you intend on spending in your Coffee Republic? If none, what are your plans for management?

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Do you have the support of your spouse and/or family in what you are doing?

Yes

No

Are members of your family going to be involved in the business from the commencement either on a regular basis or when the need arises?

Yes

No

If YES, who are they, and what are their ages, business experience and/or academic qualifications?

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What do you think is likely to make the difference between success and failure in your business?

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

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What has been your greatest disappointment?

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What have you done in the past year to improve yourself?

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What level of total earnings (wages and profits) would you like to make with your business?

First Year: £.....

Second Year: £.....

Third Year: £.....

How would you cope with unexpected losses as the business is building and any other set backs?

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What do you consider to be your greatest strengths?

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What do you consider to be your greatest weaknesses?

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Why are you considering going into business now?

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What sort of time frame do you expect from now until you are in your store?

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What do you see are the benefits of joining a franchised group in comparison with being on your own?

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What about any disadvantages?

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What else do you think we should know about you to understand you better and to determine what your association with us could mean?

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Are you aware that if this application proceeds further, certain information provided and/or advised to you by Coffee Republic is confidential. It must not be divulged to any third person unless Coffee Republic gives its approval?

Yes

No

Do you understand that you must make your own enquiries and get your own independent legal and accounting advice when considering this business opportunity?

Yes

No

Please provide your advisors' details:

Accountant's name

Company Name

Address

.....

.....

Telephone number

Fax number

Email address

Solicitor's name

Company Name

Address

.....

.....

Telephone number

Fax number

Email address



Authority to apply for a bank reference

(Please ensure details are written clearly and up to date)

To The Manager Bank plc

Name of Account

Account Number Sort Code

Address of home branch.....

Telephone number of home branch

Name of Bank Executive familiar with your account

I/we hereby authorise you to disclose information about my/our banking history as necessary for the purpose of this status enquiry by Coffee Republic plc.

Signed: _____

Date: _____

Print name: _____

Signed: _____

Date: _____

Print name: _____

Authority to debit charges from my account

To The Manager Bank plc

I/we hereby authorise the bank to debit the above account with any charges related to the issue of the reference

Signed: _____ Date: _____

Print name: _____

Signed: _____ Date: _____

Print name: _____

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Authority to apply for a credit reference. Any such request will be made by electronic means in accordance with the Data Protection Act 1986 as amended

To The Manager Equifax plc

I/we hereby authorise you to disclose information held by you about me/us for the purpose of this status enquiry by Coffee Republic plc.

Signed: _____ Date: _____

Print name: _____

Signed: _____ Date: _____

Print name: _____

Signed: _____ Date: _____

Print name: _____