



CONFIDENTIAL APPLICATION FOR A BBX FRANCHISE

STRICTLY PRIVATE AND CONFIDENTIAL.

THIS APPLICATION DOES NOT OBLIGATE EITHER PARTY IN ANY MANNER. PLEASE COMPLETE THIS FORM AS ACCURATELY AS POSSIBLE.
WE WILL USE THE INFORMATION TO ASSESS YOUR SUITABILITY AS A POTENTIAL MEMBER FOR THE BBX FRANCHISE NETWORK.
A SEPARATE FORM IS REQUIRED FOR EACH PARTNER OR SHAREHOLDER APPLYING FOR AN INTEREST IN THE FRANCHISE.

PERSONAL

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>		
RESIDENTIAL ADDRESS	<input type="text"/>			STATE	<input type="text"/>	PC	<input type="text"/>
PHONE (WORK)	<input type="text"/>	(HOME)	<input type="text"/>	(MOBILE)	<input type="text"/>		
ARE YOU AN AUSTRALIAN CITIZEN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF NO, PLEASE STATE <input type="text"/>				
NAME OF SPOUSE/PARTNER	<input type="text"/>	OCCUPATION	<input type="text"/>				
NUMBER OF DEPENDENT CHILDREN	<input type="text"/>	AGES	<input type="text"/>				
STATE OF HEALTH	<input type="text"/>	DRIVERS LICENCE NO	<input type="text"/>				

EDUCATION

SECONDARY SCHOOL	<input type="text"/>	DATES	<input type="text"/>
TERTIARY INSTITUTION	<input type="text"/>	DATES	<input type="text"/>
TERTIARY QUALIFICATIONS	<input type="text"/>		
OTHER RELEVANT QUALIFICATIONS:	<input type="text"/>		
	<input type="text"/>		
INTEREST & HOBBIES	<input type="text"/>		

EMPLOYMENT & BUSINESS HISTORY

IF YOU HAVE A CURRENT RESUME, YOU MAY SUBSTITUTE IT FOR THIS SECTION.

IF YOU ARE SELF-EMPLOYED, PLEASE PROVIDE DETAILS OF YOUR BUSINESS NAME, TYPE OF BUSINESS, INDUSTRY, ETC

LAST EMPLOYER OR BUSINESS	<input type="text"/>	DATES	<input type="text"/>		
RESIDENTIAL ADDRESS	<input type="text"/>	STATE	<input type="text"/>	PC	<input type="text"/>
TITLE	<input type="text"/>				
DESCRIBE DUTIES, RESPONSIBILITIES, NUMBER OF EMPLOYEES SUPERVISED ETC:	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
WHY DID YOU LEAVE OR SELL THE BUSINESS?	<input type="text"/>				
	<input type="text"/>				
PREVIOUS EMPLOYERS					
COMPANY	<input type="text"/>	TITLE	<input type="text"/>	DATES	<input type="text"/>
COMPANY	<input type="text"/>	TITLE	<input type="text"/>	DATES	<input type="text"/>
COMPANY	<input type="text"/>	TITLE	<input type="text"/>	DATES	<input type="text"/>

GENERAL INFORMATION

DOES YOUR PROFESSIONAL BACKGROUND INVOLVE ANY OF THE FOLLOWING SKILLS?

- | | | |
|---|--|---|
| <input type="checkbox"/> SALES REPRESENTATIVE | <input type="checkbox"/> RETAIL MANAGEMENT | <input type="checkbox"/> MANAGING STAFF |
| <input type="checkbox"/> ACCOUNT MANAGER | <input type="checkbox"/> MERCHANDISING | <input type="checkbox"/> MARKETING & ADVERTISING |
| <input type="checkbox"/> BUSINESS DEVELOPMENT MGR | <input type="checkbox"/> MANAGING STAFF | <input type="checkbox"/> STAFF RECRUITMENT |
| <input type="checkbox"/> SALES MANAGER | <input type="checkbox"/> SMALL BUSINESS MANAGEMENT | <input type="checkbox"/> FINANCIAL MANAGEMENT |
| <input type="checkbox"/> TELEMARKETING | <input type="checkbox"/> SELF EMPLOYED | <input type="checkbox"/> COMPUTER KEYBOARD SKILLS |
| <input type="checkbox"/> CANVASSING FOR BUSINESS | <input type="checkbox"/> OTHER RELEVANT SKILLS | <input type="text"/> |

HAVE YOU BEEN ACTIVELY INVOLVED WITH ANY OF THE FOLLOWING RELATED BUSINESSES OR INDUSTRIES?

- | | | |
|---|--|--|
| <input type="checkbox"/> FINANCE INDUSTRY | <input type="checkbox"/> INSURANCE INDUSTRY | <input type="checkbox"/> OWNER/OPERATOR OWN BUSINESS |
| <input type="checkbox"/> RETAILING | <input type="checkbox"/> WHOLESALING | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> ANOTHER FRANCHISE SYSTEM | <input type="checkbox"/> OTHER RELEVANT BUSINESS | <input type="text"/> |

DO YOU USE A TRADE EXCHANGE? YES NO **HAVE YOU EVER WORKED IN TRADE EXCHANGE?** YES NO

WHY DO YOU WANT TO BECOME A BBX FRANCHISEE?

WHY DO YOU FEEL YOU WOULD BE SUCCESSFUL AS A BBX FRANCHISEE?

GIVE DETAILS OF YOUR BUSINESS TO BUSINESS SALES EXPERIENCE

HAVE YOU EVER OWNED YOUR OWN BUSINESS? YES NO IF SO, PLEASE DESCRIBE

WILL YOU BE WORKING IN THE BUSINESS FULL TIME? YES NO IF NOT, WHO WILL

WHEN WOULD YOU LIKE TO START OPERATING DESIRED LOCATION(S):

SOLICITOR DETAILS:

NAME OF SOLICITOR

NAME OF FIRM PHONE FACSIMILE

ACCOUNTANT DETAILS:

NAME OF ACCOUNTANT

NAME OF FIRM PHONE FACSIMILE

IF YOU ARE APPLYING FOR A FRANCHISE AS AN INDIVIDUAL OR PARTNERSHIP, PLEASE FILL OUT THE FOLLOWING PERSONAL FINANCIAL STATEMENT.
 IF YOU ARE A CORPORATE ENTITY, PLEASE ATTACH YOU LATEST AUDITED ANNUAL BALANCE SHEET AND PROFIT & LOSS STATEMENT.
 EACH SHAREHOLDER OF ANY CORPORATE APPLICANT SHOULD SUBMIT A SEPARATE PERSONAL APPLICATION FORM.

THIS IS A STATEMENT OF: MY INDIVIDUAL FINANCIAL POSITION, OR
 THE FINANCIAL POSITION OF MY SPOUSE AND ME AS OF _____, 20_____.

ASSETS	\$
CASH ON HAND (IN BANKS OR BUILDING SOCIETIES, ETC.)	<input type="text"/>
SHARES & SECURITIES	<input type="text"/>
ACCOUNTS RECEIVABLE OWED FROM RELATIVES AND FRIENDS	<input type="text"/>
ACCOUNTS RECEIVABLE – OTHERS	<input type="text"/>
SUB TOTAL	<input type="text"/>
YOUR HOME (CURRENT MARKET VALUE)	<input type="text"/>
OTHER REAL ESTATE (CURRENT MARKET VALUE)	<input type="text"/>
VEHICLE(S) (CURRENT MARKET VALUE)	<input type="text"/>
OTHER PERSONAL PROPERTY	<input type="text"/>
LIFE INSURANCE POLICY (CASH VALUE)	<input type="text"/>
SUPERANNUATION (CURRENT CASH VALUE)	<input type="text"/>
NET VALUE OF BUSINESS INTERESTS	<input type="text"/>
OTHER ASSETS	<input type="text"/>
TOTAL ASSETS	<input type="text"/>

LIABILITIES	\$
ACCOUNTS PAYABLE	<input type="text"/>
ACCOUNTS & BILLS DUE	<input type="text"/>
UNPAID INCOME TAX	<input type="text"/>
OVERDRAFT	<input type="text"/>
CREDIT CARDS	<input type="text"/>
SUB TOTAL	<input type="text"/>
REAL ESTATE MORTGAGES	<input type="text"/>
OTHER LOANS/ BORROWINGS	<input type="text"/>
NOTES/LOANS TO FRIENDS, RELATIVES, ETC.	<input type="text"/>
OTHER DEBTS	<input type="text"/>
TOTAL LIABILITIES	<input type="text"/>

NET WORTH (ASSETS, LESS LIABILITIES)

CONTINGENT LIABILITIES	\$
AS ENDORSER, CO-MAKERS OR GUARANTOR	<input type="text"/>
LEASES, CONTRACTS OR HIRE PURCHASE AGREEMENTS	<input type="text"/>
LEGAL CLAIMS	<input type="text"/>
PROVISION FOR INCOME TAXES	<input type="text"/>
OTHER SPECIAL DEBTS – ITEMISED	<input type="text"/>
TOTAL CONTINGENT LIABILITIES	<input type="text"/>

NB: WE MAY REQUIRE SUBSTANTIATION OF SPECIFIC ITEMS PRIOR TO YOUR APPLICATION BEING APPROVED

CONSIDERING THE ABOVE INFORMATION, HOW MUCH ARE YOU WILLING TO INVEST IN A BUSINESS? \$

AMOUNT OF UNENCUMBERED CASH YOU ARE ABLE TO INJECT INTO THE BUSINESS AS EQUITY? \$

SOURCE OF THIS CASH (SPECIFY IF ASSETS WILL BE SOLD)

IS YOUR BANK/LENDER WILLING TO MAKE LOANS TO THIS PROJECT IF SO, HOW MUCH \$

WILL YOU HAVE A BUSINESS PARTNER(S)? YES NO PLEASE LIST THEIR NAMES:

**(ALL PARTNERS MUST COMPLETE SEPARATE APPLICATION)*

WHAT IS YOUR RELATIONSHIP WITH YOUR BUSINESS PARTNER(S)?

WHAT OTHER BUSINESSES DO YOU AND YOUR PARTNERS HAVE AN INTEREST IN?

HAVE YOU EVER BEEN BANKRUPT? YES NO DETAILS

IS THERE ANY PENDING LEGAL ACTION AGAINST YOU?

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

PLEASE PROVIDE DETAILS

I/WE CERTIFY THAT ALL THE INFORMATION IN THIS STATEMENT AND ON ANY OTHER ATTACHMENTS ACCURATELY REPRESENTS MY/OUR CURRENT AND CONTINUING FINANCIAL CONDITION. I/WE MAKE THIS STATEMENT TO INDUCE BBX TO GRANT ME/US A FRANCHISE AND ACKNOWLEDGE THAT BBX WILL RELY ON THE TRUTHFULNESS AND ACCURACY OF THIS STATEMENT IN GRANTING A FRANCHISE.

I/WE UNDERSTAND THAT ALL REPLIES BY ME/US TO INQUIRIES MADE BY BBX IN THE COURSE OF DISCUSSIONS WILL BE TREATED BY BBX AS REPRESENTATIONS WHICH SHALL BE IMPORTANT FACTORS IN ANY DECISION BY BBX WHETHER OR NOT TO GRANT A FRANCHISE TO ME/US AND, IF ANY INFORMATION DISCLOSED BY ME/US TO BBX ON THIS FORM, OR IN THE COURSE OF THOSE DISCUSSIONS, IS FOUND TO BE INCORRECT OR MISLEADING, FOR ANY REASON, BBX WILL HAVE THE RIGHT TO TERMINATE ANY AGREEMENT BETWEEN BBX AND ME/US WITHOUT ANY LIABILITY TO ME/US.

I/WE AGREE TO BBX OBTAINING FROM A CREDIT REPORTING AGENCY OR CREDIT PROVIDER A CREDIT REPORT CONTAINING PERSONAL CREDIT INFORMATION ABOUT ME/US IN RELATION TO COMMERCIAL CREDIT THAT MAY BE PROVIDED BY BBX, AND OBTAIN FROM ANY PERSON OR ENTITY I/WE HAVE NAMED IN THIS APPLICATION INFORMATION ABOUT MY/OUR CREDIT WORTHINESS, CREDIT STANDING, CREDIT HISTORY OR CREDIT CAPACITY THAT CREDIT PROVIDERS ARE ALLOWED TO GIVE OR RECEIVE FROM EACH OTHER UNDER THE PRIVACY ACT.

BBX MEANS BBX DISTRIBUTION LTD AND/OR BBX MANAGEMENT LTD AND RELATED COMPANIES.

BBX WILL NOT ENTER INTO DISCUSSION OR CORRESPONDENCE REGARDING THEIR DECISION TO REJECT ANY APPLICATION.

X

APPLICANTS SIGNATURE

DATE

X

SPOUSE'S SIGNATURE (IF JOINT APPLICANT)

DATE

FORWARD TO

MANAGING DIRECTOR
BBX
ACN 059 341 758
PO BOX 733
GORDON NSW 2072
AUSTRALIA

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