



APPLICATION

Please note the following important considerations:			
PERSONAL PARTICULARS			
Are you applying for a Timbercity or Pennypinchers franchise?			
Surname:		First Names:	
Date of Birth:	Age:	ID Number:	
Nationality:		Language Preference:	
Residential address:		Contact Numbers:	
		Telephone:	
	Code:	Home:	
Postal address:		Work:	
	Code:	Cellular:	
		Fax:	
		E-Mail:	
If Married, are you married IN/OUT of community of property?			In [] Out []
Outlet / Area of Preference:			
Will the outlet be managed by yourself? Yes [] No [] <i>If not, please complete Annexure "C".</i>			
If you are part of a syndicate, each partner / member / shareholder must submit an application			
Should your application be successful you will operate the business in:			
Name of Company/C.C/Trust: _____			
Registration number: _____			
Auditors details _____			
VAT number: _____			
Please indicate shareholding should there be 2 or more members:			
Member 1:	Member 2:	Member 3:	Member 4:

PERSONAL PROFILE

Please write a brief personal profile stating your management philosophies, business and personal goals:

1. Management Philosophies:

2. Business Goals:

3. Personal Goals:

4. What do you want to achieve as a Franchise Operator?

5. Why do you believe you will succeed?

6. Please give a brief motivation for this Application:

EDUCATIONAL QUALIFICATIONS

School:				
Grade/Standard Passed:			Year:	
University Exemption:	Yes [] No []			

PAST SCHOOL QUALIFICATIONS/ACTIONS

Establishment:		Date:	
Qualifications:			
Major subjects:			

EMPLOYMENT HISTORY

(Details of employment - history of last 5 years):

Company:				
Position:				
Employment –	From:		To:	
Responsibilities:				
Reason for leaving: (If not currently employed there)				
Permission to do a reference on the above: Yes [] No []				
Company:				
Position:				
Employment –	From:		To:	
Responsibilities:				
Reason for leaving: (If not currently employed there)				
Permission to do a reference on the above: Yes [] No []				
Have you ever been involved in running your own business? Yes [] No []				
If Yes, supply details:				

LEGAL QUESTIONNAIRE

Have you or any company that you were a director of or any close corporation that you were a member of, been liquidated, provisionally or finally? Yes [] No []

If Yes, please give the following details:

Name of Liquidator/Trustee:

If Yes – please supply details:

Telephone Number:

Address:

Have you ever been sequestered? Yes [] No []

If yes – State date when rehabilitated:

Is there any outstanding litigation against you or partners? Yes [] No []

If yes please supply the details:

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS APPLICATION FORM

1. A certified copy of:

- Copies of Identity documents of all the members, shareholders or partners concerned.
- Companies certificate of incorporation or CK1 and or CK2.
- Registration certificates and numbers of your company with the following authorities:
 - Regional Services Council
 - Receiver of Revenue – VAT
 - Receiver of Revenue – PAYE
 - Receiver of Revenue – Company Tax
 - Department of Manpower – UIF
 - Workmen's Compensation

2. Confirmation by all bankers (including bonds/loans) of bank balance/outstanding balance

3. Copies of property deeds.

FINANCIAL

Present Banking Institution:

Bank:			
Branch:			
Account Number:			
Overdraft facility		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	Amount of Overdraft Facility: R
Current Business Bank Balance: R	(attach latest 3 months bank statements)		
Security given to Bank for Overdraft Facility: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	(attach copies of all security documents)		

Credit References:

Company:			
Branch:			
Account Number:			
Company:			
Branch:			
Account Number:			
Company:			
Branch:			
Account Number:			

Personal References:

Name:			
Position:			
Address:			
	Code:		
Telephone Number:		Code:	
Expected net profit per month:			
Unencumbered amount of capital available for investment:			
Source of capital:			

STATEMENT OF ASSETS AND LIABILITIES

INCOME AND EXPENDITURE	LISTING OF	AT
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Monthly Income:

Salary – self	
Salary – spouse	
Commissions	
Investments	
Other	
TOTAL INCOME	R

R

Monthly Expenditure:

Taxation	
Pension	
UIF	
Medical Aid	
Rent/Bond payments	
Electricity & Water	
Rates and Taxes	
Hire Purchase Instalments	
Lease Agreements	
Credit Card Accounts	
Insurance Premiums	
Life Assurance Premiums	
Transport	
Loan Repayments	
Other Expenses:	
Donations	
Alimony/Maintenance	
Children’s Clothing / Education	
Entertainment	
Groceries	
Clothing Accounts	
Telephone Accounts	
Doctor/Chemist	
Maid / Gardener	
TV rental / M Net	
TOTAL EXPENDITURE	R

R

Surplus Available

R

STATEMENT OF ASSETS AND LIABILITIES

LIABILITIES	Balance Sheet of:	
	<i>Note – Income and Expenditure to be detailed on back page. Should space not permit, please attach applicable schedules</i>	
Previous Year	<p>Bonds And/or amounts owing under Deeds of Sale</p> <p>Name of Farm or Plot No Name of Bondholder/Seller Annual Capital reductions Maturity Date</p> <p>Bank Overdrafts Specify briefly Security given</p> <p>Owing under Installment sale transaction and Leasing transaction agreements Moveable encumbered To Whom Installments Payable Amounts still owing</p> <p>Bills Payable</p> <p>Sundry Creditors</p> <p>Loans (Including Insurance Companies) To whom due Interest Rate When repayable Amount</p> <p>Other liabilities (Specify)</p> <p><i>Note: State if any of the above liabilities are covered by a Notarial Bond</i></p> <p>Liability for Income Tax (Date to which Assessment paid)</p>	Current Year
	TOTAL LIABILITIES (Quantifiable)	
Specify here Contingent Liabilities as Guarantor, Surety or otherwise:		

I hereby declare that this is a full, true and correct Statement of all known liabilities at the above date

Dated at _____ on 2011

Signature:

STATEMENT OF ASSETS AND LIABILITIES

ASSETS	Balance Sheet of: _____														
	<i>Note – Income and Expenditure to be detailed on back page. Should space not permit, please attach applicable schedules</i>														
Previous Year	<p>Fixed Property (Registered in my name) Give particulars of each Property separately, stating whether Freehold, Leasehold, etc. and state if Affected by any Servitude, Usufruct or Fiduciary Interests</p> <p>Name of Farm or Plot No Size District Date purchased/price paid</p> <p>Machinery, Plant, etc. (Specify important items only)</p> <p>Vehicles, Implements (Specify important items only)</p> <p>Furniture & Fittings</p> <p>Investments (Private co. Share/Loans, etc.)</p> <p>Loans</p> <table border="0"> <tr> <td>By Whom</td> <td>Interest Rate</td> <td>When repayable</td> <td>Amount</td> </tr> </table> <p>Life Policies (Payable to the undersigned and not to any third party)</p> <table border="0"> <tr> <td>Date Issued</td> <td>Company</td> <td>Number</td> <td>Maturity Date</td> <td>Amount</td> <td>Surrender Value less Loans</td> </tr> </table> <p>Shares</p> <table border="0"> <tr> <td>Number held</td> <td>Company</td> <td>Market Value</td> </tr> </table> <p>Stock in trade</p> <p>Book Debts</p> <p>Bills Receivable (Not Discounted)</p> <p>Bank Balances (Specify)</p> <p>Cash</p> <p>Goodwill and other assets (Specify)</p> <p>Note: State if any assets are encumbered</p>	By Whom	Interest Rate	When repayable	Amount	Date Issued	Company	Number	Maturity Date	Amount	Surrender Value less Loans	Number held	Company	Market Value	Current Year
By Whom	Interest Rate	When repayable	Amount												
Date Issued	Company	Number	Maturity Date	Amount	Surrender Value less Loans										
Number held	Company	Market Value													
	TOTAL ASSETS														
	LESS: LIABILITIES														
	NET WORTH														

I hereby declare that this is a full, true and correct Statement of my/our position at the above date and that my/our assets are not encumbered other than as stated above.

PLEASE NOTE:
APPLICATION FORMALITIES AND PROCEDURES

- | |
|--|
| 1. All information will be regarded as confidential and private. |
| 2. This application will not obligate SteinBuild in any manner to grant you a franchise. |
| 3. The Applicant acknowledges that the approval by SteinBuild of this application shall not result in a franchise or membership agreement between the parties. The Applicant acknowledges that he is aware that no valid franchise or membership agreement shall be concluded between applicant and SteinBuild unless and until: |
| 3.1 All requirements stipulated by SteinBuild after consideration of this application have been met in full, including, but not limited to: |
| (a) The execution by Applicant of a Franchise agreement presented by SteinBuild; |
| (b) The execution of all those documents in terms whereof required to provide those securities required by SteinBuild and that securities to the extent possible have been duly register. |
| (c) All further requirements that may be required by SteinBuild have been duly met by the Applicant. |
| 4. In the event of this application being refused by SteinBuild, the application fee shall be forfeited in favour of SteinBuild, in the event SteinBuild incurred costs in respect of traveling, consultations, drawing of plans or any related expenditure in respect thereto. |

I understand that SteinBuild, is relying upon the above information in considering my application to become a franchise operator in their group, and I therefore agree to promptly notify SteinBuild of any material information changes to the information provided herein.

Signed at:	on this _____ day of _____ 2011				
Signature:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

EXTRACTS OF THE MINUTES OF THE MEETING OF DIRECTORS / MEMBERS / TRUSTEES

_____ T/A _____

HELD at _____ On the _____ day of _____

IT WAS RESOLVED THAT:

1. The Company / Close Corporation / Trust apply to SteinBuild to become a Member / Franchisee of the Franchise Division, to complete and sign the required Application form, to present SteinBuild with all required documentation and to assume and accept all the rights and obligations in terms of such Application.
2. _____ in his capacity as Director / Member / Trustee be authorised to sign the Franchise Agreement on behalf of the Company / Close Corporation / Trust.

CERTIFIED A TRUE COPY:

DIRECTOR / MEMBER / TRUSTEE

DIRECTOR / MEMBER / TRUSTEE

DIRECTOR / MEMBER / TRUSTEE

CONSENT AND DECLARATION

CREDIT BUREAU

The Applicant hereby:

- consents and approves for SteinBuild to carry out a credit enquiry in respect of the Applicant and/or any of its members, shareholders, directors, partners or trustees, either by accessing any credit agency's database or making inquiries with any credit grantors for purposes of making any risk management decision regarding this application;
- declares that the information supplied herein or attached hereto, is true and complete in every respect;
- is aware that should any information be found to be false or incomplete this could lead to the refusal of this application or to criminal prosecution.

SIGNED at _____ on this _____ day of _____ 2011

AS WITNESSES:

1. _____

2. _____