



Please return this form

Via fax on (02) 9984 1122

Or via post

Unit 5, 93-99 South Creek Road,

Dee Why NSW 2099

HOWARDS STORAGE WORLD
FRANCHISEE APPLICATION FORM

AREA SOUGHT: _____ DATE: _____

NAME: _____

Home Phone: _____ Work Phone: _____

ADDRESS: _____

POST CODE: _____ FOR _____ YEARS

PREVIOUS ADDRESS: _____

POST CODE: _____ FOR _____ YEARS

SPOUSES NAME: _____ YOUR DATE OF BIRTH: _____

NO. OF DEPENDENT CHILDREN: _____ AGES: _____

WILL YOU OPERATE THE BUSINESS WITH A PARTNER? _____

PARTNER'S NAME: _____

WHAT IS THE STATE OF YOUR HEALTH?

LIST MAJOR ILLNESS, OPERATIONS AND DISABILITIES: _____

WHAT ATTRACTED YOU TO A "HOWARDS STORAGE WORLD" FRANCHISE?

WHAT DO YOU FEEL WOULD BE YOUR MAJOR CONTRIBUTIONS TO THE BUSINESS? _____

WHEN ARE YOU AVAILABLE TO COMMENCE? _____

DO YOU HAVE ANY CRIMINAL OR CIVIL CONVICTIONS? _____

This information is true to the best of my knowledge. I understand this application is not binding on either party. I hereby give permission to check all and any information contained herein.

All information supplied will be treated in the strictest confidence and will not be passed on to anyone without your consent.

Signature: _____ Date: _____

BUSINESS & WORK EXPERIENCE

PLEASE INDICATE WHICH PAST WORK EXPERIENCE WAS THE MOST ENJOYABLE:

HAVE YOU EVER OPERATED YOUR OWN BUSINESS? DETAILS PLEASE:

PREVIOUS EXPERIENCE (LIST MOST RECENT POSITIONS FIRST):

EMPLOYER: _____ TOWN: _____
EMPLOYED FROM: _____ TO: _____
POSITION: _____ DUTIES: _____
ANNUAL INCOME: _____ REASON FOR LEAVING: _____

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EMPLOYER: _____ TOWN: _____
EMPLOYED FROM: _____ TO: _____
POSITION: _____ DUTIES: _____
ANNUAL INCOME: _____ REASON FOR LEAVING: _____

EDUCATION STANDARD ACHIEVED: _____

DATE: _____

FURTHER STUDIES OR COURSES COMPLETED: _____

HOBBIES AND LEISURE INTERESTS: _____

PERSONALITY PROFILE

Rate yourself on a scale of 1 to 4 in the following personality characteristic 1. Most like you; 4 Least like you. (In order for this profile to have meaning, be practical and objective in your self-evaluation.)

APPLICANT

Independent	1	2	3	4	Determined	1	2	3	4
Motivated	1	2	3	4	Money-oriented	1	2	3	4
Communicator	1	2	3	4	Creative	1	2	3	4
Energetic	1	2	3	4	Crisis Manager	1	2	3	4
Technical	1	2	3	4	People-oriented	1	2	3	4
Intellectual	1	2	3	4	Achiever	1	2	3	4
Leader	1	2	3	4	Management	1	2	3	4
Problem-solver	1	2	3	4	Sales/Marketing	1	2	3	4
Self-confident	1	2	3	4	Patient	1	2	3	4
Detailed	1	2	3	4	Decision-maker	1	2	3	4

CO-APPLICANT/PARTNER

Independent	1	2	3	4	Determined	1	2	3	4
Motivated	1	2	3	4	Money-oriented	1	2	3	4
Communicator	1	2	3	4	Creative	1	2	3	4
Energetic	1	2	3	4	Crisis Manager	1	2	3	4
Technical	1	2	3	4	People-oriented	1	2	3	4
Intellectual	1	2	3	4	Achiever	1	2	3	4
Leader	1	2	3	4	Management	1	2	3	4
Problem-solver	1	2	3	4	Sales/Marketing	1	2	3	4
Self-confident	1	2	3	4	Patient	1	2	3	4
Detailed	1	2	3	4	Decision-maker	1	2	3	4

BUSINESS REFERENCES

NAME & POSITION: _____

COMPANY: _____ PHONE: _____

NAME & POSITION: _____

COMPANY: _____ PHONE: _____

NAME & POSITION: _____

COMPANY: _____ PHONE: _____

PERSONAL REFERENCES

NAME & RELATIONSHIP: _____

HOW LONG HAVE YOU KNOWN THEM () YEARS PHONE: _____

NAME & RELATIONSHIP: _____

HOW LONG HAVE YOU KNOWN THEM () YEARS PHONE: _____

NAME & RELATIONSHIP: _____

HOW LONG HAVE YOU KNOWN THEM () YEARS PHONE: _____

CREDIT CARDS HELD

1. _____ CREDIT LIMIT: \$ _____

2. _____ CREDIT LIMIT: \$ _____

3. _____ CREDIT LIMIT: \$ _____

DO YOU HAVE ANY OTHER BUSINESS INTERESTS? _____

DETAILS OF YOUR SOURCES OF INCOME AND/OR PROFITS

SOURCE: ANNUAL INCOME/PROFITS
\$ _____

SOURCE: ANNUAL INCOME/PROFITS
\$ _____

SOURCE: ANNUAL INCOME/PROFITS
\$ _____

HAVE YOU EVER FAILED IN BUSINESS OR FILED BANKRUPTCY?
(IF YES, WHEN, WHERE, CIRCUMSTANCES, INCLUDING ANY
REMAINING LIABILITIES)

ARE ANY LAWSUITS PENDING AGAINST
YOU? _____
(IF YES, GIVE PARTICULARS)

DO YOU INTEND OPERATING AS A COMPANY?

COMPANY NAME:

COMPANY NO: _____ DATE
INCORPORATED: _____

REGISTERED OFFICE:

DIRECTORS: _____

SECRETARY: _____

SHAREHOLDERS AND SHARES HELD: _____
IS IT A TRUSTEE COMPANY?

NAME AND TYPE OF TRUST?

BENEFICIARIES:

IF THE COMPANY CURRENTLY OPERATES, PLEASE ATTACH A COPY OF THE LATEST FINANCIAL STATEMENT FOR YOUR COMPANY.

I/We certify that the information I/we have provided on this form is complete and correct.

Signature: _____ Date _____

Signature: _____ Date _____