

# RELOAD

## Franchise Application Booklet

**This confidential information is used to help us assess your suitability as a Franchisee. This information will not be used or disclosed for any other purpose without your prior approval and may at your discretion be destroyed or returned to you if your application is unsuccessful. This application does not obligate either party in any way.**

**Please review the entire application before completing.**

**Selection is based on experience, character, integrity, financial stability, and general suitability.**

**Thank you for your expression of interest in acquiring a Reload Franchise. We would like you to read and answer all the questions you can please. This will enable us to find out as much about you and your suitability to become a part of the Reload team.**

**All questions must be answered accurately and must not be misleading in any way.**

## Reload Application

### Personal and Business Details

**Date**

**Full name and date of birth**

1)

2)

(First Name)

(Second Name)

(Surname)

(D.O.B.)

**Current Address**

**Postal Address**

**Contact Details**

**Telephone**

*Bus*

*Home*

**Mobile**

**email**

*Preferred means of contact*

**Contact Details**

**Telephone**

*Bus*

*Home*

**Mobile**

**email**

*Preferred means of contact*

**No. of years at home address**

**Previous address if less than one year at this address**

## Reload Application

Do you have permanent residency status in this country? (tick one)

Yes

No

If 'No' are you legally authorised to work or purchase a business in this country?

If so, for what period?

### APPLICANT'S PHOTOGRAPH

Please attach a photograph of the Applicant, or the director(s) of the Applicant if the Applicant is a company, in the space provided below.

Please affix photograph here, or insert digital image.



**BUSINESS EXPERIENCE – EMPLOYED BY A COMPANY**

Please list your business experience as an employee (starting from most recent)

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*(Name)* \_\_\_\_\_

**Period** *(date to date)* \_\_\_\_\_

**Name of business** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Position** \_\_\_\_\_

**Key Responsibilities** \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_

**Number of staff reports** \_\_\_\_\_

**Major achievements** \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_

**Annual income** \$ \_\_\_\_\_

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*(Name)* \_\_\_\_\_

**Period** *(date to date)* \_\_\_\_\_

**Name of business** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Position** \_\_\_\_\_

**Key Responsibilities** \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_

**Number of staff reports** \_\_\_\_\_

**Major achievements** \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_  
• \_\_\_\_\_ • \_\_\_\_\_

**Annual income** \$ \_\_\_\_\_

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Reload Application

**GENERAL**

When could you start

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Preferred region

1

2

3

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Do you have, or plan to have, additional financial partner?

Yes

No

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If 'Yes', please give details

Partner's name(s)

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Relationship to Applicant

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Contact Address

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Contact Details

Telephone

*Bus*

*Home*

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Mobile

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email

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*Preferred means of contact*

Are there any factors that may inhibit your performance as a Franchisee

Yes

No

*(e.g. health considerations, restraint of trade other commitments?)*

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*If 'Yes' please give details*

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Reload Application

**What experience have you had with hospitality or customer service?**

*(Name)*

*(Name)*

**What experience have you had in managing budgets/cash flows?**

*(Name)*

*(Name)*

**Have you ever been charged and/or convicted of committing a criminal offence?**

**Yes**

**No**

*If 'Yes' please give details*

Reload Application  
**STATEMENT OF FINANCIAL POSITION**

**Assets**

Cash at Bank		\$
Life Insurance		\$
Shares		\$
Property		\$
<i>please list</i>	1	\$
	2	\$
	3+	\$
Motor vehicles		\$
<i>please list</i>	1	\$
	2	\$
	3+	\$
Other Assets		\$
<i>please list</i>	1	\$
	2	\$
	3	\$
<b>Total Assets</b>		\$

**Liabilities**

Bank overdraft		\$
Personal Loans		\$
H.P.		\$
Credit Cards		\$
Store Cards		\$
Mortgage		\$
Other		\$
<b>Total Liabilities</b>		\$
<b>Net Worth</b> ( <i>Total Assets less Total Liabilities</i> )		\$

Reload Application

How much equity have you available for this franchise?

\$

If the required amount is not available, how would the investment be obtained? *Explain in detail*

Name of bank

Branch

How long have you banked there?

Have either of you ever failed in business, compromised creditors or been declared bankrupt?

Yes

No

*If 'Yes', where, when, the circumstances and any remaining liabilities*

Reload Application  
**REFERENCES**

**Solicitor**

**Company**

**Address**

**Contact name**

**Telephone**

**Mobile**

**email**

*Preferred means of  
contact*

**Accountant**

**Company**

**Address**

**Contact name**

**Telephone**

**Mobile**

**email**

*Preferred means of  
contact*

Reload Application

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**Credit / Trade # 1 \***

**Company**

**Address**

**Contact Name**

**Telephone**

**Mobile**

**email**

*Preferred means of contact*

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**Credit / Trade #2 \***

**Company**

**Address**

**Contact Name**

**Telephone**

**Mobile**

**email**

*Preferred means of contact*

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*\* Credit / Trade references exclude Credit Cards, Landlord, Power, and Telephone*

Reload Application  
**GENERAL ENQUIRY BY RELOAD**

Why do you want to buy a Reload Franchise, and in particular what features of this Franchise have attracted you?

Why do you believe you are suited to operating a Reload Franchise?

Are you prepared to sacrifice holidays to which have you may become accustomed until you have established your business and level of training to the satisfaction of Reload? *Please circle or bold* Yes/No

Are you prepared to comply with the procedures and controls set by Reload? *Please circle or bold* Yes/No

How many years do you intend to operate the business? *Please circle or bold* Three, Five or Ten

What qualities do you have that you believe are valuable if you became part of the Reload Franchise network?

Will you devote your full time to the business? *Please circle or bold*  
Yes/No

Will you be able to handle, supervise and direct staff? *Please circle or bold*  
Yes/No

Do you have the personal capacity to handle business and staff problems if they arise? *Please circle or bold* Yes/No

### Reload Application

Do you have the support of your family in what you are doing? *Please circle or bold* Yes/No

Are members of your family going to be involved in the business from the commencement or in cases where the need arises? *Please circle or bold*  
Yes/No

What are your main strengths?

What factors of the past have contributed most to your own development?

Are you comfortable about the idea of working in co-operation with Reload, and do you accept that a number of disciplines exist in a franchise system, in particular working under the direction and guidance of the Franchisor?

*Please circle or bold*

Yes/No

Are you aware certain information provided and/or advised to you is confidential and shall not be divulged to any third person unless Reload gives its prior approval? *Please circle or bold*

Yes/No

Please advise what representations have been made to you and by whom?

Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity? *Please circle or bold*

Yes/No



## **Reload Application**

### **Application**

- 1. Once you have completed the application form please mail it to  
Reload Ltd  
P.O. Box 5859  
Dunedin  
New Zealand**
- 2. The application must include a recent photograph of the applicants.**
- 3. Once we have received your application, we will then set up a telephone interview with you within 48 hours.**

Reload Application

**CERTIFICATE OF APPLICATION**

*Please read and sign*

I/we understand that in signing this form I/we am **not** legally obligated to uplift any franchise and that all the information supplied by me is confidential for the purpose of assessing my desirability and qualifications as an Applicant.

I/we understand the information provided within the Statement of Financial Position may be used as the basis of a credit application and it is warranted that true and complete disclosure has been made for confidential consideration by the Bank.

Regarding credit information, I/we authorise Loaded Limited to seek and obtain relevant credit information in line with the Privacy Act. This includes authorisation for Reload to obtain from a credit reporting agency a credit report containing personal credit and/or commercial credit information about me/us. I/we also authorise Reload to obtain information about my/our commercial activities or commercial credit worthiness from any business providing such information. Finally, I/we acknowledge and consent that credit information about me/us permissible under the Privacy Act may be given by Reload to a credit reporting agency or other credit providers.

It is understood that the purpose of this application is for information only. I/we understand that referees and previous employers may be contacted. The undersigned certifies that all information and financial details provided are true and correct. The information contained in this report is not to be provided to any other person or organisation. If I do not become a Reload Franchisee this information is to be destroyed or returned to me at my request.

**Signed**

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**Signed**

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**Witness**

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**Date**

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