



Franchise Application Form

Applicants Name.....

Date.....

Thank you for considering Ny Slice Pizza.

This form will help you prepare and present your personal and business information which is essential for our consideration granting Franchises.

Please complete it thoroughly and note that the completion of this application form places no continuing obligation on either you or NY Slice Pizza.

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Title Forename(s) Surname

Home Address:

Registered Business Address (if applicable):

Office tel: -----
 Mob tel: -----
 Email: -----

In which geographical areas do you currently operate your business? NB: no prior experience is required, we are just assessing where you are at at this moment. NY Slice Pizza does provide full business training.

In which geographical areas would you like to operate NY Slice store(s)?

Education

Higher Education and Qualifications (education since leaving school including professional qualifications)

Course Description	Year Completed	Name and Place of Institution

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Describe your current (Food & Beverage) retailing business/career set up and/or experience?

References

Please provide details of two business references. (No contact will be made until we have any mutual agreement to your entering our franchise programme.)

Referee 1

Name-----
Address-----

Email-----
Contact number-----
Occupation-----
Relationship-----
No. of years acquaintance-----

Referee 2

Name-----
Address-----

Email-----
Contact number-----
Occupation-----
Relationship-----
No. of years acquaintance-----

Career and Business History:

Dates (From-To)	Employer's or business Name and address	Type of business	Position(s) held	Duties and responsibilities including number of employees supervised	Reason for leaving

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Financial statement:

Personal financial Statement - for the last full financial year

Salary/draw _____
 Bonus/Commision _____
 Dividends/interest _____
 Income from property _____
 Profit of your business _____
 Other income _____
 (please specify) _____
 Spouse income _____
 Total _____

Do you have any other business interests? Please specify _____

What is your average monthly cash on hand?

How much capital do you have available to invest in this business?

Have you, your current or previous company or your spouse ever been declared or filed for bankruptcy? Please provide details;

Assets (ZAR)	Liabilities (ZAR)
Cash:	Loans:
Properties at market value:	Mortgages:
Current assets:	Current liabilities:
Inventory:	Other liabilities / invoices due etc:
Net business value:	Any other debts:
Total Assets:	Total Liabilities:

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Please give an example of a time when you made the wrong decision? How was it resolved and what did you learn about yourself and your business/business you worked for?

Provide an example of when your leadership resulted in long term sustainable growth for your business/career?

Describe a time when you have strengthened your business/career through nurturing and inspiring your team?

Describe how you would run a NY Slice store or group of stores

What role do you foresee taking within the NY Slice Group and how, if at all, do you see this changing over time?

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What motivates you?

Describe your involvement in the community, and any interests and hobbies you have outside of your business/career?

Can you please provide examples of where your current business/career has been locally relevant in the community?

Have you, either as an individual or company previously applied to become a franchisee?

New York Slice Pizza appreciates the time and effort you have put into the completion of this form and welcomes applications from all sectors of the community regardless of gender, marital status, disability, ethnic origin, race, colour, nationality, sexual orientation, religion or belief.

Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by NY Slice Pizza to assess your application and carry out such checks as are required to verify your information and your suitability as a New York Slice Pizza Franchise.

You agree that you will notify New York Slice Pizza of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal from the NY Slice Pizza Franchise programme.

Signature

Date

Many Thanks The NY Slice Pizza Franchise Team