

# FRANCHISE APPLICATION FORM

The sole purpose of the On Tap application form is to provide information for a preliminary evaluation of the applicant(s). Each member, partner, shareholder (should this applicant not be a sole proprietor) must complete an individual form.

| SECTION 1: PERSONAL DET               | AILS         |        |       |      |     |        |          |      |   |  |  |
|---------------------------------------|--------------|--------|-------|------|-----|--------|----------|------|---|--|--|
| Full Name:                            |              |        |       |      |     |        |          |      |   |  |  |
| Identity Number:                      |              |        |       |      |     |        |          |      |   |  |  |
| Nationality:                          |              |        |       |      |     |        |          |      |   |  |  |
| Physical Address:                     |              |        |       |      |     |        |          |      |   |  |  |
|                                       |              |        |       |      |     |        |          |      |   |  |  |
|                                       |              |        |       |      |     |        | Postal C | :ode | • |  |  |
| Postal Address:                       |              |        |       |      |     |        |          |      |   |  |  |
|                                       |              |        |       |      |     |        |          |      |   |  |  |
|                                       | Postal Code: |        |       |      |     |        |          |      |   |  |  |
| Residential Status:                   |              |        |       |      |     |        |          |      |   |  |  |
| Home Telephone<br>Number:             |              |        |       |      |     |        |          |      |   |  |  |
| Mobile Number:                        |              |        |       |      |     |        |          |      |   |  |  |
| Email Address:                        |              |        |       |      |     |        |          |      |   |  |  |
| Marital Status:                       |              |        |       |      |     |        |          |      |   |  |  |
| No. of Dependants:                    |              |        |       |      |     |        | Ages:    |      |   |  |  |
| Unendorsed Driver's<br>License Codes: |              |        |       |      |     |        |          |      |   |  |  |
| Describe any Physical Disc            | abiliti      | ies or | r Hed | alth | Pro | blems: |          |      |   |  |  |
|                                       |              |        |       |      |     |        |          |      |   |  |  |
|                                       |              |        |       |      |     |        |          |      |   |  |  |
|                                       |              |        |       |      |     |        |          |      |   |  |  |



| SECTION 2: WORK EXPERIE                                 | NCE          |               |               |       |       |     |                |      |       |      |   |
|---|--------------|---------------|---------------|-------|-------|-----|----------------|------|-------|------|---|
| Current Employer:                                       |              |               |               |       |       |     |                |      |       |      |   |
| Physical Address:                                       |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     | Postal Code:   |      |       |      |   |
| Postal Address:   |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     | Postal Code:   | •    |       |      |   |
| Telephone Number:                                       |              |               |               |       |       |     |                |      |       |      |   |
| Position Held:  |              |               |               |       |       |     |                |      |       |      |   |
| Date Started:   | M            | M             | Y             | Y     |       | Dat | e Ended:       | M    | M     | Y    | Y |
| Remuneration:   |              |               |               |       | ,     |     |                |      |       |      |   |
| Should your current emplo<br>details of your work exper | oyme<br>ienc | ent b<br>e be | e les<br>low: | s thc | ın 10 | yea | rs, please con | nple | te fu | ther |   |
| Previous employer:                                      |              |               |               |       |       |     |                |      |       |      |   |
| Physical Address:                                       |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     | Postal Code:   | •    |       |      |   |
| Postal Address:   |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     |                |      |       |      |   |
|   |              |               |               |       |       |     | Postal Code:   |      |       |      |   |
| Telephone Number:                                       |              |               |               |       |       |     |                |      |       |      |   |
| Position Held:  |              |               |               |       |       |     |                |      |       |      |   |
| Date Started:   | M            | M             | Y             | Y     |       | Dat | e Ended:       | M    | M     | Y    | Y |
| Remuneration:   |              |               |               |       |       |     |                |      |       |      |   |

- Please attach a detailed Curriculum Vitae (CV) with detailed job descriptions, salary (ctc), academic achievements and qualifications marked as annexure A.
- Please attach a certified copy of your ID document marked as annexure B.
- Please attach proof of residence, such as a utility bill not older than 3 months marked as annexure C.

| SECTION 3: FRANCHISE DE  | TAILS          |        |       |       |       |      |      |       |       |   |   |   |
|--|----------------|--------|-------|-------|-------|------|------|-------|-------|---|---|---|
| Territory of interest:   | First Choice:  |        |       |       |       |      |      |       |       |   |   |   |
|  | Second Choice: |        |       |       |       |      |      |       |       |   |   |   |
|  | Third Choice:  |        |       |       |       |      |      |       |       |   |   |   |
| Are you willing to relocate should none of these areas be available? |                |        |       |       |       |      |      |       | Y     | N |   |   |
| Will the outlet be owner operated?                                   |                |        |       |       |       |      |      | Y     | N     |   |   |   |
| Reason for applying for ar   | n ON TAF       | P Frai | nchis | e:    |       |      |      |       |       |   |   |   |
|  |                |        |       |       |       |      |      |       |       |   |   |   |
|  |                |        |       |       |       |      |      |       |       |   |   |   |
|  |                |        |       |       |       |      |      |       |       |   |   |   |
|  |                |        |       |       |       |      |      |       |       |   |   |   |
|  |                |        |       |       |       |      |      |       |       |   |   |   |
| Have you ever owned your own business?                               |                |        |       |       |       |      |      | N     |       |   |   |   |
| If yes, please provide details:                                      |                |        |       |       |       |      |      |       |       |   |   |   |
|  |                |        |       |       |       |      |      |       |       |   |   |   |
|  |                |        |       |       |       |      |      |       |       |   |   |   |
| SECTION 4: FINANCIAL DET   | TAILS          |        |       |       |       |      |      |       |       |   |   |   |
| Banking Details  |                |        |       |       |       |      |      |       |       |   |   |   |
| Name of Bank   |                |        |       |       |       |      |      |       |       |   |   |   |
| Account Holder's Name  |                |        |       |       |       |      |      |       |       |   |   |   |
| Account Number   |                |        |       |       |       |      |      |       |       |   |   |   |
| Unencumbered Capital   |                |        |       |       |       |      |      |       |       |   |   |   |
| Cash available for investm   | R              |        |       |       |       |      |      |       |       |   |   |   |
| Do you have access to 'soft loans'?                                  |                |        |       |       | N     |      |      |       |       |   |   |   |
| If yes, please state the amount                                      |                |        |       | R     |       |      |      |       |       |   |   |   |
| Would you be able to rais yourself?                                  | e additio      | nal    | capit | al wi | ithou | t un | duly | oblig | gatin | g | Y | N |
| What is the equity value of your property(ies)?                      |                |        |       | R     |       |      |      |       |       |   |   |   |
| State total amount of liabilities                                    |                |        |       | R     |       |      |      |       |       |   |   |   |
| How much money do you need to meet your monthly obligations?         |                |        |       | R     |       |      |      |       |       |   |   |   |

#### **SECTION 5: DECLARATION**

#### DECLARATION BY ON TAP FRANCHISE HOLDINGS

Submission of this completed application form does not automatically mean that there is a formal commitment on the part of ON TAP FRANCHISE HOLDINGS (PTY) LTD.

Any advice given by ON TAP FRANCHISE HOLDINGS (PTY) LTD and their employees during the application assessment process, following the submission of this application, is taken at the applicant's own risk.

Submission of this form authorises ON TAP FRANCHISE HOLDINGS (PTY) LTD to conduct credit checks and police clearance on all applicants.

#### **DECLARATION BY APPLICANT**

I, the undersigned, desire to enter into a franchise agreement with ON TAP FRANCHISE HOLDINGS (PTY) LTD, herein after referred to as "the Franchisor". To enable me to base my decision on solid facts, I request the Franchisor to permit me access to confidential documentation relating to the business methods that are applied in the Franchisor's operations, as well as to confidential performance figures including past trading results and future projections should this application be successful, for the sole purpose of evaluating the merits of the franchise proposal.

To protect the Franchisor's legitimate interests, I herewith declare the following:

- 1. I acknowledge that the Franchisor has, during the period since 1990 when the Franchisor's original business has been established, developed proprietary business systems and procedures, hereinafter referred to as the "Confidential Material". I am aware that the Franchisor grants licences for the exploitation of the Confidential Material to others and understand that it would be prejudicial to the Franchisor's legitimate business interests, as well as those of the Franchisor's existing and future franchisees, should the Confidential Material become accessible to unauthorised parties.
- 2. I acknowledge that, should the Confidential Material or any part thereof, be made accessible to me, it has been done so on the express understanding that the knowledge derived there from is to be used exclusively for the purpose of evaluating the merits of the franchise proposal.
- 3. I maintain full confidentiality and promise not to make copies of the Confidential Material by any means whatsoever, nor shall I make the Confidential Material available to any third party, now or at any time in the future.
- 4. Should the application or negotiations terminate and I do not become a Franchisee of the Franchisor, regardless of the reasons for the decision, I undertake not to set up for my own account, be employed by, or manage on behalf of others, serve as an advisor to, make an investment in or be involved in any other way whatsoever, in a business that is substantially the same as the business of the Franchisor. I agree and accept that this restraint shall endure for a period of two years from date of signature on this document and be valid throughout the Republic of South Africa, Swaziland, Namibia, Botswana, Lesotho, Zimbabwe, Angola and Mozambique.
- 5. I acknowledge that, prior to entering into negotiations with the Franchisor, I had insufficient knowledge of the Franchisor's business or industry and could not have successfully operated a similar business without the information that was to be divulged by the Franchisor during the application and negotiations. I acknowledge therefore that the restraints set out above do not constitute a threat to my right to earn a living.
- 6. I record that by signing this undertaking, we do not enter into any binding obligation other than to maintain absolute confidentiality regarding the Confidential Material and to abstain from setting up a business in opposition to the Franchisor. I further record that it will not constitute a breach of this Confidentiality Undertaking if I have the Confidential Material scrutinised by my bona fide professional advisors, these to be either drawn from among registered professionals in the legal or accounting field, or to be individuals approved in advance in writing by the Franchisor.

| DECLARATION BY APPLICANT   | (cont.)   |                       |                     |
|--|---|-----------------------|---------------------|
| I confirm that we understand the consequences of signing it. I hav to support my application for a fithis stage, I do not bind myself in be accepted as a franchisee on information should turn out false and this may result in a termination | e completed the aboranchise from ON TAP any way whatsoever, the basis of the informin any material respec | ove to the best of my | ability and belief, |
| Name (print)   |   |                       |                     |
| Signature  |   |                       |                     |
| Signed on this   | day of  | 20                    |                     |
| At   |   |                       |                     |

For more information or queries, please contact us:

HEAD OFFICE (PIETERMARITZBURG)

Address: Block F, Stokes House, Hilltops Office Park,

73 Villiers Drive, Clarendon, Pietermaritzburg.

Tel: 033 345 1647 | Email: franchise@ontap.co.za | www.ontap.co.za