



Franchise Application Form

Thank you for your expression of interest in the Brazilian Beauty Franchise opportunity.

The information you provide on this application will assist in determining your suitability for the franchise and must be true and correct. Completing the form in full will allow the application to be reviewed without delay.

Applicant Information			
Proposed Business Structure (Please circle)	Sole Trader	Partnership	Pty Ltd Company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Details			
<small>Please complete information below for all individuals including Directors if applicable</small>			
Company Name:			
ABN:			
Applicant 1 Full Name:			
Position Held within Business:			
Home Address:			
Phone No:	Home:	Mobile:	
E-mail:		Business Ph:	
Drivers Licence Number:		Place of issue:	
Date of Birth:		Marital Status	
Spouse's Name		Children's Age	
Will Spouse be active in the Business?			
% of Business Ownership you will hold			

Applicant 1 details continued:			
Other Directorships/Business interests (name of company/business and address):			
Health (please circle)	Good	Fair	Poor
Personal Qualifications, Degrees or Diplomas:			
Formal Training			

Applicant 2. Full Name:			
Position Held within Business:			
Home Address			
Phone No:	Home:		Mobile:
E-mail:			Business Ph
Drivers Licence Number:			Place of issue:
Date of Birth:			Marital Status
Spouse's Name			Children's Age
Will Spouse be active in the Business			
% of Business Ownership you will hold			
Other Directorships/Business interests (name of company/business and address):			
Health (please circle)	Good	Fair	Poor
Personal Qualifications, Degrees or Diplomas:			
Formal Training			

Trusts

If the applicant is a trustee of a Trust this section must be completed and a copy of the Trust Deed provided.

Name of Trust:	
Date trust Established:	
Name of Beneficiaries:	

Further Applicant Information

Accountant

Name:		Contact:	
Address:			
		Phone:	

Banker

Name:		Contact:	
Address:			
		Phone:	

Solicitor

Name:		Contact:	
Address:			
		Phone:	

Previous Employment History

Please complete for all individuals

1. Occupation:			
Position:			
Company:			
Type of Business:			
Address:			
Contact Person:		Phone:	
Period Of Employment:		Commenced	
Reason For Leaving:			
Overview of Responsibilities:			

2. Occupation:			
Position:			
Company:			
Type of Business:			
Address:			
Contact Person:		Phone:	
Period Of Employment:		Commenced	
Reason For Leaving:			
Overview of Responsibilities:			

References

Please provide 2 business references and 1 personal reference

Name:		Phone:	
Position:		Company:	
Nature of Reference:			

Name:		Phone:	
Position:		Company:	
Nature of Reference			

Name:		Phone:	
Position:		Company:	
Nature of Reference:			

Convictions and Legal Proceedings

Provide details of any conviction against you personally.

Place & Year of Conviction:

Type of Offence:

Penalty:

Provide details of any proceedings, whether legal or administrative in nature of which you or any company of which you have been a director, share holder or owner have been subject.

Name of Plaintiff:

Name of Defendant:

Year Issued:

Year Concluded

Subject and details of Proceeding:

Nature of the judgement awarded for or against :

Financial Background

Have you ever been Bankrupt or the subject of debt collection proceedings?

Yes

No

If yes please provide details:

Have you ever been director or shareholder of a company which has been placed under receivership, administration or liquidation?

Yes

No

If yes please provide details:

Statement of Financial Position

Household Income and Expenditure

Please list current monthly information

Income	\$	Expenditure	\$
Total Salary/Wage		Mortgage Repayments	
Dividends/Interest		Finance/Loan Repayments	
Real Estate Income		Credit Card Repayments	
Other Income (specify)		Total household expenditure	
		Other Expenditure (specify)	
Total	\$	Total	\$

Statement of Assets and Liabilities

Assets	\$	Liabilities	\$
Real Estate (current valuation)		Real Estate and Mortgages	
Cash in Bank		Other Loans	
Business Interests		Other Debts and Obligations	
Shares/Bonds/Debentures			
Motor Vehicles			
Other Assets			
Total		Total	

General Information

Please explain your interest in purchasing a Brazilian Beauty franchise and what particular feature attracted you?

How do you intend to finance or fund the purchase of the franchise?

Why do you believe you are suited to the Brazilian Beauty franchise?

Why have decided to own your own business?

Are you prepared to comply with the systems, policies and procedures set out by Brazilian Beauty

Yes

No

How many years do you intend to own the franchise?

1 to 3

3 to 5

5 to 10

10+

Do you acknowledge the responsibilities you have to the success of your business?

Yes

No

Why do you think you will be a successful business owner?

General Information Cont..

How many hours per week are you planning to work in business?

Do you feel you have the ability to lead a team of employees?

Yes

No

Do you accept responsibility for reading through all operations and franchise documentation personally to gain as much knowledge as possible about the franchise and the business system?

Yes

No

Will you commit to undergoing the full Brazilian Beauty training program?

Yes

No

Are you aware that the information provided by Brazilian Beauty is confidential and must not be divulged to any third party without written consent from Brazilian Beauty?

Yes

No

Statement of Accuracy and Understanding

I / We _____

of address _____

declare as follows:

1. I/we have answered all questions and provided accurate and honest information to the best of my/our knowledge
2. I/we understand that Brazilian Beauty is collecting this information to assess my/our suitability as a franchisee
3. I/we authorise Brazilian Beauty to contact any third party to verify the accuracy of the information provided and to seek references.
4. I/we authorise Brazilian Beauty to keep a copy of this application.

Dated this _____ day of _____ 20__

Signature of Applicant 1 _____ Full Name: _____

Signature of Applicant 2 _____ Full Name: _____

Application Steps

Step 1

Once you have completed and signed the application form please mail or fax to:

Mail to:

Attn: Brazilian Beauty Head Office
12 Kent Rd
Wooloowin QLD 4030

Fax to:

Attn: Brazilian Beauty Head Office
Fax Number: 07 3857 6212

Step 2

You will be contacted by a Brazilian Beauty representative to arrange an interview. The purpose of the interview is to review the information you have provided and discuss your future business plans. It will also give you the opportunity to ask any questions you may have. A confidentiality agreement will also be required to be signed and returned.

Step 3

Your application will be further reviewed and you will be notified of the status of your application.

Step 4

If successful a franchise agreement will be forwarded upon payment of a \$5000 + gst deposit. You are then well on your way to becoming a Brazilian Beauty franchisee!